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Red Cross Enrollment

BY ANNE A. WILLIAMSON, R.N.

ENROLLMENT in the Red Cross Nursing Service is not "draft" but a voluntary enlistment of the women in the nursing profession, for service to their country in time of need, be it epidemic, disaster or war.

Years ago the Army and the Navy had no provision for the employment of women nurses in their hospitals, or as any part of their personnel.

Those who bravely served in the Civil War practically forced their way in as volunteers without remuneration, subsistence, or recognition by the Government, and these same noble women often used their own private means to furnish comforts for the sick soldier, for which Army regulations did not provide.

There was no Red Cross at that time, and the graduate nurse had not yet appeared on the horizon.

It was my privilege, as a little girl, to know that great leader, Clara Barton, who was instrumental in bringing the Red Cross to America. She was my mother's friend, and I often listened to her as she outlined her plans for the

formation of that great humanitarian organization in her native country. She had seen its far-reaching benefits abroad but at that time our Government had not signed the treaty, and it was to this

end that Miss Barton was bending all her energies, planning to take up her residence in Washington, until the bill had passed Congress. Her success is a matter of history.

But even with the signing of the treaty, and the organization of the "Society of the American Red Cross" there was no provision for scientific nursing.

The graduate nurse

was still an unknown quantity, and the caring for the sick and wounded was, by necessity, left to the mature woman who had acquired some skill in service to her family or her neighborhood, and who was willing to leave her home as a volunteer in the service of her country.

Again Miss Barton came into my life in such a beautiful and impressive way that, although it is many years ago, the memory will stay with me always.

It was the night of my graduation from the school of nursing and there

ENROLL in the Red Cross Nursing Service and form part of its Corps of Nurses prepared for any emergency. Because she is always there, the Red Cross Nurse is the country's pride—are you?

Enroll as a general member of the Red Cross during Roll Call, November 11-25, supporting and sharing in its great work of service wherever there is need, no matter what the race or creed or sex.

was placed in my hands the most beautiful bouquet that I have ever seen; it was large, almost too large to hold, and it was composed entirely of red and white carnations, the red ones forming in the center an exact replica of our beautiful emblem, the Red Cross, and the message that came with it I feel is meant for all nurses, and I am giving it to you exactly as it was written in that beautiful handwriting which, once seen, is never forgotten:

For the dear daughter of my friend with love and congratulations on her graduation, and with the sincere hope that she will always remember that the Red Cross claims her services when in need of them for humanity.

CLARA BARTON.

Remember that "the Red Cross claims our services," yours and mine, "when in need of them for humanity."

In the year 1898, when war was declared with Spain, there were plenty of graduate nurses in this country, and many of us immediately offered our services to the Government.

To our surprise, in almost every case our offers were kindly but firmly refused, and we found out through the press and also by other means that we were looked upon with suspicion. That women should wish to form a part of the fighting forces, was such a new and wild idea that there must be some sinister explanation, and the dear public was led to believe that we were in search of excitement, adventure, or a husband, perhaps all three.

However, in spite of this absence of cordiality, a few of us decided that we were going anyway, even after the final cutting remark that "respectable women would not nurse in army camps."

Also, at about this time, things began to move rapidly in Washington, and we suddenly realized that we, the despised women nurses, were being sought for, instead of doing the seeking.

A subdivision of the Red Cross

Society in New York City, known as Auxiliary No. 3, determined that its activity should be the recruiting and the employment of graduate nurses for the Army, and Miss Maxwell, of the Presbyterian Hospital of that city, was requested to take charge of the nurses thus provided, taking them south to Chickamauga Park, where a fearful typhoid epidemic was raging, and where our men were dying like flies, before ever coming face to face with a Spanish bullet.

And that was the beginning of the enrollment of Red Cross nurses for the Army.

Auxiliary No. 3 also offered the nurse the sum of twenty-five dollars a month, to be paid on her return, the nurse to furnish her own uniforms and equipment. What a contrast to the generous way that the Red Cross looks after its nurses today.

After the war, the nursing situation for the Government could be likened to what Mark Twain once said about the weather; he informed us that "a great deal has been said about the weather, but so far nothing has really been done about it."

The nursing history of the Spanish-American War, what it was and what it wasn't, was the subject of the discussion at every nurses' and doctors' meeting, but nothing was done until the nurses of this country through the committees appointed by the existing national nursing associations put through the Army Nurse bill and also worked out the plan for the organization of a Red Cross Nursing Service. Miss Delano was the first Chairman of the National Committee and later became Superintendent of the Army Nurse Corps. While occupying this dual position she laid the foundation of the present Red Cross Nursing Service.

I want to say right here that our beloved Jane Delano knew more about

preparedness than all the orators of that time put together. While their eloquence was being echoed around the world, she was quietly working out plans for mobilizing the nurses of the country to serve in time of need.

Due to her foresight and her wonderful organizing ability, the nursing service of the Red Cross was ready when war was declared in 1917.

The history of our Red Cross enrollment and its achievements should recommend to each nurse the soundness of its methods and the far-reaching results of its service to the Government.

When the American Nurses' Association entered into an agreement with The American Red Cross to support the enrollment of graduate nurses who, in time of war, should constitute the reserve for the Army and Navy, and in times of peace could be called out in the event of epidemic or disaster, there was laid upon those pioneers in this work a mighty burden.

Women had been considered, for so many years, unfit for service with the fighting forces at the front, that many viewed their entry into this field with curiosity and doubt as to its success, and they were ready to criticize the first mistake with the words, "I told you so."

Also at the time of the Spanish War they were brought to a realization that even nurses, those "angels of mercy," must pass under very close scrutiny if they were to be sure that they were suitable for service. Several instances of that war convinced us that moral and physical qualifications must be of the highest, a nurse like Caesar's wife must be "above suspicion."

Consequently, the American Nurses' Association felt that in undertaking this great work it could recommend only its own members, and that one of the requirements for enrollment should be membership in a nursing organization,



affiliated with the American Nurses' Association.

Perhaps no other single item set forth in the application forms caused more criticism during the first months of the war than that one.

All classes of women, good, bad and indifferent, were trying to get to France, and a nurse's uniform was thought to be a wonderful alibi, until they saw how impossible such a masquerade was, and then we were assailed with all sorts of abuse and called the nursing trust and many other fancy names.

Even the daily papers, when a little short of exciting copy, would print cartoons and what they considered smart stories of our organization and also of our opponents, for the benefit of an already hysterical public.

But nothing daunted our National Committee. Its members went steadily on, refusing all who could not measure up to their requirements as to health, education and loyalty. Registration was absolutely demanded, and to meet

this requirement, state boards of examiners held special examinations, sending reports by telegraph to hasten enrollments, and if during those strenuous times all this was considered necessary, who will say that it is not equally important now?

When we look back on the events of that war and recall the almost superhuman service that was demanded of our nurses, can we say they were over-prepared?

The war was over several years ago, but the Red Cross goes steadily on, and is ready to answer every call of distress, always the first on the scene of any disaster, and the last to leave.

Enrollment for active war service, especially in foreign countries, is necessarily limited to the young and unmarried nurses, but active war service is only part of our work. There will always be a need for "the man behind the man behind the gun" and what is true of the Army and Navy is true of the Red Cross. Do not hesitate because you are not prepared to start for the other side of the world on twenty-four hours' notice, there are nurses who can and will accept that call, but others may serve nearer home.

The woman who is scientifically educated owes her services to her country in its hour of need, as surely as the able-bodied man owes his strong arm to defend his home and native land. He may not go to the trenches, he may not fire guns, he may have much greater honor, or a humbler assignment, but whatever it may be, it will be his part in that power which stands back of our wonderful motto, "United we stand, divided we fall."

Important as the nurse may be in time of war or in time of other great national disaster, such as that caused by fire, flood and pestilence, she is equally important in the peace program of the American Red Cross, for from this

enrollment are drawn the Red Cross public health nurses who serve in rural communities under the auspices of the Red Cross Chapter. These nurses carry to thousands of adults and children the lessons of prevention of disease and the maintenance of health. About eight hundred Red Cross nurses are serving in this capacity. From this enrollment are also drawn the Instructors in the Red Cross Course in Home Hygiene and Care of the Sick, a simple course in personal hygiene, sanitation of the home and elementary nursing procedures. This course is not intended to prepare women as nurses. Its purpose is a constructive one; it is expected to give the women and girls an acquaintance with measures for the maintenance of health and the prevention of diseases. From this enrollment are also drawn nurses to fill responsible positions in foreign fields, especially in schools of nursing. One may well say the Red Cross Nursing Service is the Honor Roll of the American Nurses' Association. It is well named. Nurses should covet an opportunity to place their names on that Honor Roll.

In each community there is a local committee of Red Cross nurses appointed, not only to receive applications for enrollments and to forward them to headquarters, but to keep in touch at all times with those nurses so that when a call comes they may be reached with as little delay as possible.

This system so well planned, and so carefully carried out, has been able to handle the situation during the years of the existence of the service, and in a most satisfactory manner. It is a matter of history that we have been called many times but never found wanting.

It costs nothing to become a Red Cross nurse, simply signify your wish to the nearest local secretary and she will do the rest. You will then be ready for service should your country need you.

Care of Diseases of the Skin

The Use of Water or Its Equivalents in Diseases of the Skin

By L. G. BEINHAEUER, M.D.

WHEN should water be used on a diseased skin? This, I believe, is the most perplexing question one can ask a trained nurse. It is confusing, because her training in dermatology has been scant; but in practice she is not excused for her lack of knowledge, because the physician, as well as the patient, expects a correct answer when this question is asked.

The use of soap, water and fatty substances in diseases of the skin serves a twofold purpose; namely, cleanliness and the removal of the waste products of these diseases.

Water

WATER may be used for bathing a part or the entire body. The bath may be soothing or stimulating, depending upon the symptoms or the action desired. The ordinary bath should be warm enough so that one may remain in it 20 or 30 minutes without chilling the skin surface. Accordingly, we name the bath depending upon the temperature desired, as:

Cold bath.....	45 deg. F. (7.5 deg. C. or lower)
Cool bath.....	68 deg. F. (20 deg. C.)
Temperature bath.....	78 deg. F. (26.2 deg. C.)
Tepid bath.....	86 deg. F. (30 deg. C.)
Warm bath.....	98 deg. F. (36.6 deg. C.)
Hot bath.....	106 deg. F. (41 deg. C.)

The use of a cold bath is limited because its action is temporary and causes a sharp reaction in which there is a congestion of the skin, produced after the normal skin temperature is restored, hence, producing an aggravation of the symptoms which one expects to relieve.

The tepid and temperate baths are chiefly macerative to the skin, while the warm or hot bath produces a more or less enduring relaxation of the skin with a relief of the symptoms. A bath may

be of short duration (20 to 30 minutes) or it may be continuous in type (12 to 72 hours). Hot air, hot steam, Turkish and Russian baths have little use in dermatology. The baths may be plain or medicated. Experience has taught us that rain water or boiled water is less irritating than ordinary tap water, but their use is limited because it is not feasible to use them at all times. The most common medicants added to the bath are bicarbonate of soda, sulphur, bichloride, tar, magnesium sulphate, sodium borate, borax and others. Where a protective covering for the skin is desired, we use a "colloidal" substance; such as bran, starch, gelatin and the like. This type is most soothing and its use is safe in practically all skin diseases. For general purposes, the tepid and warm baths are the ones of choice, but the temperature desired or the medicant used are placed at the discretion of the attending physician.

Soap

THE type of soap always leaves room for dispute. All agree that a soap may be mild or strong, hard or soft, soothing or stimulating, and medicated and non-medicated. It consists of a soda (soft) or potash (hard) base. It is always best to use a soap free of excess alkali and it should be as neutral as possible. Castile soap (soda base) and sapo viridid (potash base) are the most commonly used in dermatology. A very sensitive skin may be irritated by any form of soap, usually from an excess alkali, and for this reason bathing at bedtime is advised, to avoid a further irritation from the action of the weather and wind. To overcome this irritation a super-fatted soap has been placed on the market but its use is doubtful.

Medicated soaps are widely advertised and much is claimed from their use. Their action, however, is questionable because their usefulness is limited and the amount of medicant present is too small for specific therapeutic purposes. The coloring matter and perfume which are added may act as irritants rather than as soothing agencies. Of the medicated soaps, the sulphur and the tar preparations offer some therapeutic value in certain scalp diseases; but as a rule, medicated soaps are useful for ablution purposes only.

Fatty Substances

FATTY or oily substances are used when soap and water are prohibited. Of the fatty substances, we have those of nutritive, soothing and stimulating value. Cod liver oil, olive oil, almond oil, lard, linseed oil, lanolin compounds, spermaceti, cold cream, benzoinated lard and cocoa butter belong to the former types; while oil of tar, oil of cade, oil of white birch, and oil of juniper are stimulants in action, and should never be used for cleansing purposes alone. All fatty substances are applied as an oil or pomade. They may be used plain or compounded, but are best used without medication. Products of petroleum refinement,—as vaseline, although not a true fat, serve well as a cleansing agent and are frequently used because of their non-irritating qualities. These products also serve well for a base in ointments. Fatty or oily substances can be used safely as a cleansing agent in any skin disorder.

Indications

WHEN soap and water are restricted as a method for cleansing the skin, we are forced to resort to the plain fatty or oily substances above-mentioned. A general rule which may be safely followed prohibits the use of soap and water in all acute inflammations of the skin with a tendency toward

exudation. Of this group, acute eczema is the classical example. However, this rule is not a fast one because diseases like exfoliative dermatitis, pemphigus and even cases of generalized acute eczema may be benefitted by the use of the "colloidal" baths. In my practice, all acute or chronic eczemas, are routinely scrubbed with soap and water if any previous local application has been used. Soap and water are then restricted until the condition further warrants. I believe previously "caked" or crusted local applications favor infection and delay healing, and soap and water with mechanical irritation offer the best means for removal.

For a matter of convenience and especially for reference a group of common diseases of the skin, in which soap and water can be safely used, are listed below. They are: Scabies, all fungus infections of scalp, body or extremities, chronic scaly eczema, occupational dermatoses, psoriasis, pityriasis rosea, seborrheic eczema of scalp and body, pediculosis group, acne, lichen planus, syphilis, urticaria, acute exanthemata, ichthyosis, poison ivy dermatitis, impetigo contagiosa, prurigo, lichen urticatus (prickly heat), herpes simplex (cold sores), dyshidrosis, furunculosis, clavi, verrucae, skin malignancy and other similar affections.

One must always remember that cleanliness of the skin is absolutely necessary to promote healing and to prevent infection. The waste products of all skin diseases must be constantly removed during the course of that disease. For this purpose, soap and water together with mechanical irritation, rank foremost as a cleansing agent, but their use must be selective at times. This is especially true in acute inflammations where the skin shows exudative tendencies. In practically every chronic skin disorder, soap and water can be safely used and I believe free use of

soap and water in all genitals lesions is absolutely essential. If the nurse remembers these general principles, I do

not think she need be timid in deciding about the use of soap and water in any given skin disease.

Louisa Lee Schuyler

1838-1926

IN her passing, as in her lifetime, Miss Schuyler was often called by press and friends the Florence Nightingale of America. Nor does her memory suffer by comparison, for few indeed have been the women endowed with such rare gifts of sympathy and leadership as this true Daughter of the Revolution—great-granddaughter of General Philip Schuyler and of Alexander Hamilton.

Miss Schuyler was not a nurse but the similarities in the lives of the two are striking; both turned aside from the ordered ways of the social circles to which they were born; both were indefatigable in their passionate search for truth, both gave unswerving devotion to a cause until assured of permanency of results and, alike in the years of their vigor, so were they alike in the slow passage of the later years of invalidism.

Journal readers will recall Miss Goodrich's beautiful and scholarly Appreciation¹ written upon the occasion of Columbia University's bestowal of the degree of Doctor of Laws upon Miss Schuyler when President Butler made the following eloquent citation.

A pioneer in the service of noble women in this State; founder of the State Charities Aid Association and the system of visitation of State institutions by volunteer committees; originator of the first training school for nurses; initiating and successfully advocating legislation for the state care of the insane; powerfully aiding the first movement for the prevention of blindness in little children; worthy representative of a long line of ancestors distinguished through centuries for manifold services to the city, state and nation.

¹Louisa Lee Schuyler. An Appreciation. *American Journal of Nursing*, September, 1915.

In her Appreciation Miss Goodrich wrote:

No careful student of the history of nursing in this country can fail to appreciate the debt that this profession owes to this far-sighted philanthropist and economist.

Courses for nurses there were, before that time, but with the coming to America of the Nightingale system of educating nurses through the school established at Bellevue in 1873, a new era in nursing was ushered in—a profession was born—and the spirit of Louisa Lee Schuyler and her co-workers goes marching on in the lives and the work of the thousands of American nurses scattered the world around.

Representatives of the three national nursing organizations and a number of other nurses tried to express in a small way their gratitude for all that Miss Schuyler did for nursing, when they attended the funeral services held for her on October 13 at All Saints Church, New York City. The simple service, conducted in accordance with her own plan, was indicative of the unassuming unselfishness of Miss Schuyler's life, and the crowds present were a fitting tribute to her and to her work. Burial was at beautiful Sleepy Hollow, Tarrytown.



Harmon Foundation Awards

MARY BRECKINRIDGE, R.N., won first place and \$250 for An Adventure in Midwifery; and Dorothy Deming, R.N., and Katharine Faville, R.N., Honorable Mention, for Selling Health through Washing Machines and A County Adventure in Dental Hygiene, respectively. These articles are to appear in *Survey Graphic*.

The Canadian Nurses' Memorial

An Impressive and Colorful Ceremony

"WE want the people of Canada of the present day and the great future to share with us our exalted pride in our glorious dead, and this gift to the people of Canada is from the nurses of Canada," said Jean E. Brown, President of the Canadian Nurses' Association when, on August 24, she presented to a representative of the Government the beautiful memorial to the nurses who gave all in the Great War. Dame Maud McCarthy, the distinguished matron-in-chief of the Territorial Army Nursing Services of Great Britain, paid a glowing tribute to the heroic dead.

Canada's Roll of Honor includes the names of 47 nurses of whom Matron Margaret C. Macdonald, Matron-in-chief of the Canadian Army Nursing Service 1914-1923, who officiated at the unveiling, said: "Four were killed at the front, seven by air raids and fifteen were drowned."

The memorial, a mural panel of white marble, is the work of a Canadian sculptor and represents the work of Canadian nurses from the earliest times to the present. To the left is a group representing the courage and sacrifice of the nurses who offered their services and their lives in the cause of freedom. Two nurses in the service uniform are caring for a wounded soldier. In the background, "History," holding the Book of Records, from 1639 to 1918, reveals the deeds of heroism down the years. The group on the right of the panel represents those pioneers who, at the call of Humanity, left their native France and came to care for the sick. A Sister within the palisades is shown caring for a sick Indian child, while the treacherous Iroquois look on.

In the centre, the draped figure of

Humanity stands with outstretched arms, holding in one hand her sceptre, the caduceus.

This is the first memorial of any kind to be placed in Canada's Hall of Fame and the inscription cut on its base reads:

Erected by the nurses of Canada in remembrance of their sisters who gave their lives in the Great War, Nineteen Fourteen-Eighteen, and to perpetuate a noble tradition in the relations of the old world and the new.

Led by the Spirit of Humanity across the seas woman, by her tender ministrations to those in need, has given to the world the example of an heroic service, embracing three centuries of Canadian history.

All honor to the Canadian nurses who, under the leadership of Jean I. Gunn, Chairman of the Memorial Committee, brought their project to artistic and permanent fulfillment by carving their achievement in pure and enduring marble and presenting their gift at a ceremony of impressive dignity which was vibrant with exalted emotion.

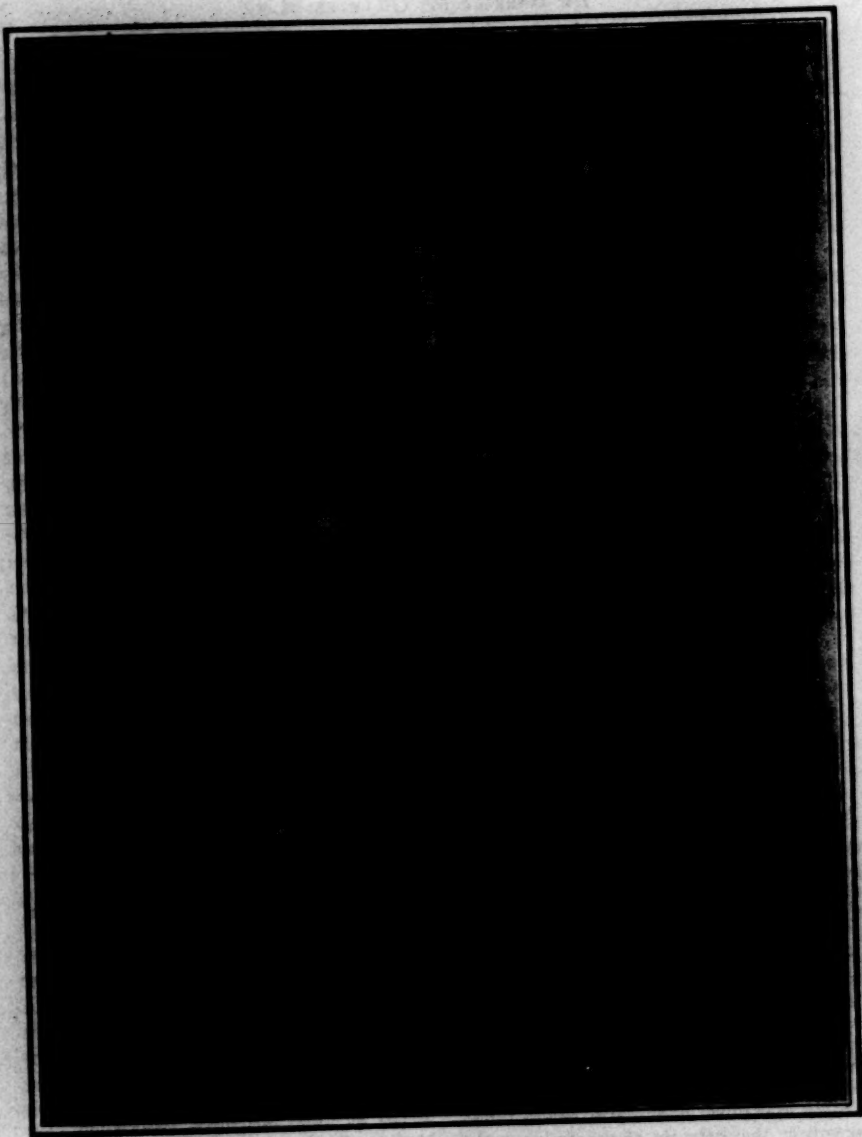


Meditations of Marcus Aurelius

WHATEVER anyone does or says, I must be good; just as if the gold, or the emerald, or the purple, were always saying this: Whatever anyone does or says, I must be emerald and keep my color.

When thou wishest to delight thyself, think of the virtues of those who live with thee; for instance the activity of one, and the modesty of another, and the liberality of a third, and some other good quality of a fourth. For nothing delights so much as the examples of the virtues, when they are exhibited in the morals of those who live with us and present themselves in abundance, as far as possible. Wherefore we must keep them before us.

Used by Miss BAKER at the Capping Exercises, Chas. T. Miller Hospital, St. Paul, Minn.



CANADIAN NURSES' MEMORIAL

A Practical Thermometer Tray

By HARRIET M. GILLETTE, R.N.

IN those wards which are so large that it seems more practical to have the temperatures taken by one nurse, the problem of disinfecting thermometers between patients is an important one. One hospital solved it by having made a piece of nickel-plated metal about $1\frac{1}{2}$ inches wide and long enough to slip over the top of the 10-inch instrument pan which is frequently used on treatment trays. This was made tight by inserting a piece of rubber between the curled-over end of the metal strip and the edge of the pan.

In the metal strip were five holes $\frac{3}{4}$ inch in diameter and beside each hole was pressed into the metal a number. Into these holes were set glass cylinders $\frac{3}{4}$ inch in diameter and as tall as the thermometers were long. A tiny bit of cotton in the bottom raised the tip of the thermometer above the glass container so it could easily be grasped.

When the cylinders were nearly full of solution, the thermometers were immersed nearly to the end. Three thermometers were kept in each container and the nurse taking temperatures used those in the container numbered one, first. After being used, they were put back into container number one and those in number two were next used, and so on until all had been used once. Then those in number one were used again, after having been in the solution from twelve to fifteen minutes.

Thermometer trays were inspected each day to see that cylinders were kept clean and full and that each had its three thermometers. A list was kept and posted of the number of thermometers issued to each ward weekly and in this way a rivalry was maintained which helped to keep breakage at the minimum. The hospital bore the breakage expense.



Smallpox

SMALLPOX is a preventable disease and the will of the people determines whether or not it shall invade a community. *Smallpox can be prevented by vaccination, and by vaccination only.* It has been contended by those opposed to vaccination that the disease is one of filth and that it can be prevented and controlled by sanitation alone. But the facts do not bear out their contentions. Smallpox attacks people of every race and every nationality; sparing neither the young nor the old, the exalted nor the lowly, the clean nor the squalid. It spreads and thrives in communities enjoying all the benefits of modern sanitation, as has been demonstrated recently in the outbreaks of the disease in the state of California, in Denver, Detroit, Minneapolis, and St. Paul. On the other hand it has been prevented by vaccination, alone, in most unsanitary districts, as proved by the

records of the central provinces of India, where as yet it has been impossible to improve the living conditions of the apathetic and fatalistic native population. Effective vaccination was introduced into these provinces, and the people allowed free communication with the unvaccinated areas surrounding them. The disease has been greatly diminished in the vaccinated areas.

—“Smallpox — A Preventable Disease,” American Association for Medical Progress, Inc.

Two valuable publications on this subject are “Smallpox, a Preventable Disease,” published by the American Association for Medical Progress, Inc., 370 7th Avenue, New York City, and “Edward Jenner,” one of the Health Heroes series published by the Metropolitan Life Insurance Company, primarily for use in high schools.

Hospital Furnishings

BY MARTHA M. RUSSELL, R.N.

THE weather and the furniture are both frequent subjects for disapproving comment, not to say grumbling, by nurses employed in hospitals, and while study of meteorological conditions might prove to be of scientific interest, it could result in no change of conditions, but study of the subject and needs of hospital equipment by those intimately concerned in its use might result in very essential improvement in the installation of many of the furnishings, so it seems worth while to present a study of the subject. Too often the nurses are not ready to give information concerning the usefulness of articles they are constantly using because they have not given constructive study to the reasons for the convenience of working with certain equipment, or the comfort of using another type. It is one of the opportunities for keeping the mind alert and the temper reasonable for the nurse to note why a particular article is well adapted to the need or to be ready to suggest improvements that might give greater value to its service. She may or may not chance on a remunerative invention, but she is certain to find some means of adding to the ease and comfort of the sick.

A vast amount of money is spent annually in equipping hospitals, so hospital nurses, students, head nurses, special duty nurses, directors of schools, as well as those serving as hospital superintendents, should be alertly interested that it be an economical expenditure. The financial responsibility is a very great one, for we are spending money set aside to alleviate human suffering, and we should honor our stewardship.

The equipment should be such as will conserve the time, strength, and patience of doctors, nurses and other employees

who use it, for the patients require the best service it is humanly possible to give and the weariness due to struggling with equipment unsuitable to the work, does not tend to conserve poise and patience. The strength, durability and beauty of each article need to be considered from every point of view.

Fortunately the idea is passing that hospitals should appear to be "cold, naked, clean—half-workhouse and half-jail," and while good taste will rule against any exaggeration of decorative details, the simple beauty that lies in good proportions, in harmonious color and perfect adaptation to need, may make a hospital an artistically satisfactory place and the value of this element in creating a desirable atmosphere for the recovery of the sick and the happiness of the workers should never be overlooked.

A. H. A. Standards

THE American Hospital Association has for some years had a Committee on Furnishings and Supplies which has worked with the Bureau of Standards of the United States Department of Commerce and has published valuable data concerning several items. In the interest of intelligent economy their recommendations should be followed, for they represent the collected information made available by individuals who have given thorough and careful study to the subject and very seldom indeed will it be found that the recommendations are not adaptable to a given situation. Figures and specifications are available for beds, blankets, bed linen, and chinaware, and the results tabulated represent conclusions deduced from a very great amount of material.

The essential unit of furniture for each patient, whether he be in a free

ward or in a private room, is a bed, a small table, a chair for the friend who comes to see him, a large chair for his use when he is first out of bed, and a lamp,—each of these items calls for study from the several points of view of comfort, appearance, weight, durability, expense.

Beds

THE American Hospital Association Committee recommends:

(1) For general hospital use, (a) Length, inside distance between head and foot posts, 78 inches; (b) Width, end angles of springs, 36 inches; (c) Height, from floor to top of spring, 27 inches.

(2) For certain institutional uses the need for a narrow bed is recognized.

In these cases the recommended width is 33 inches with dimensions (a) and (c) as in (1) above.

(3) For private room use, a wider than standard is desired. The recommended width is 39 inches with dimensions (a) and (c) as in (1) above.

As these dimensions have been decided upon after conference with the manufacturers, the estimates given on these sizes will naturally be more favorable than on odd sizes, so that every argument leads toward using these items as the basis for the further study of the bed problem, but we shall find that these basic figures leave several important things for further consideration.

The type of case for whom we are planning is the first condition on which to base our decision. The eye hospitals frequently use a bed with a low head and foot bar, about the level of the mattress, so that patients may be placed at either end to facilitate giving treatments; the gynecological wards are often outfitted with beds having a low foot bar, so the patients can be brought down in a lithotomy position; the mental cases need especially strong construction, having no castors, for all cases, and usually a few low beds, 18 inches or 20 inches from the floor, for the use of patients

who are likely to fall out of bed and need to be protected from possible injury. These examples suggest the variety of adaptations to be considered, although it is desirable to be very sure that the variation will result in essentially increased efficiency before deciding to adopt numerous types of beds and so increasing the expense and confusion of outfitting.

The frame of the bed should be substantial and the posts and bars of sufficient diameter to look strong and well proportioned. The round bar gives less space for dust than the square; the vertical bars in head and foot keep the mattress from slipping, but furnish no good support for hanging numbers or precaution signals. There should be strong freely-moving castors, rubber-tired; and not less than 4 inches in diameter, firmly attached to the bed so they will not come off if the bed is moved into the elevator or over an uneven surface.

The "national" spring or some similar weave is probably the most satisfactory unless it be for mental hospitals where the patients seem to have an uncanny ability to pull apart the springs and who are less likely to meddle with the woven wire mattress, although that is more likely to stretch and sag and cannot be as easily repaired as the other. The "Gatch" frame with the lever attachment for raising and lowering is very popular; it fulfils the requirement of comfort for the patient and ease for the attendant and is doubtless worth its cost.

Long stems on the castors, with holes for inserting pegs, thus extending the leg of the bed to change its height are frequently provided.

Is it desirable to have a frame for supporting curtains for privacy or to keep out insects? If it is possible to have screen curtains hung about each bed and to have the windows and doors

thoroughly screened to keep out insects, that is the more desirable way.

Some means for making it possible to prevent semi-conscious patients from falling out of bed should be devised; the "Cushing sides" of canvas provided with grommets for lacing to the bed frame are quite satisfactory.¹

Cribs for infants and children need to be strong and safe, the bassinet for the infant should have the bars so arranged that there is no possibility of the baby's getting hung on them. The cribs for the run-abouts need to have the sides high enough to prevent the child from falling out, and with some sort of a catch that allows the nurse easily to lower the side when giving treatments. The spring in this type of crib should be about 22 inches from the floor, as that brings the side frames at a reasonable height for the nurse to handle, and is a fairly comfortable height for lifting a child, or to care for him as he lies prone. There should be a treatment table for use for examinations or spinal punctures. These cribs should be not less than 50 inches long, and should be provided with the same size castors as the large beds, as they will need to be moved even more frequently. The removable sides sometimes used for children's beds are not very satisfactory as they are not high enough to prevent a child from falling out if he stands up, and also much space is required to put them away if not in use. It is hoped that every nurse who reads these suggestions will think of several more items to be considered before deciding on a bedstead for a sick person.

The mattress deserves very careful study. It should be 4 inches thick, well tacked, the edges sewed, not bound, the corners square and the filling of curled hair, if it is feasible to invest that much money. Some of the good cotton mat-

tresses are very comfortable at first, but they do mat more quickly, and can not be renovated as well.

We are committed to the use of metal beds, but it is still a matter for discussion as to whether all the hospital furniture should be of that material. The steel furniture now on the market is much more attractive than that obtainable a few years ago, the finish seems more durable than any finish on a wood surface, so tables and bureaus are likely to prove satisfactory. As yet the metal chairs in market do not approach some of the wooden chairs obtainable.

Chairs

SEVERAL of the Colonial designs are very satisfactory for bedside chairs; the Windsor, with its wide seat, arms at a good height for supporting weak arms, the back slightly sloping, gives the occupant a great amount of comfort. Steel rods reinforcing the chair frame may be used to add to its strength and durability without detracting essentially from its appearance. This chair is rather heavy to move and should be equipped with some sort of a sliding shoe, but it is more comfortable to sit in than a bentwood chair, the only one that can be compared with it in durability, so that it seems wise to recommend its use. The bentwood chair is very desirable for dining rooms and for many places where a light strong chair is required.

Each ward needs a few chairs with a back high enough to give the patient a sense of having something firm to lean on the day his trembling form first leaves the bed which has given him such complete support. The wheel chair with its possibility of locomotion and its adjustability to various positions is usually popular with the patients. Its expense and its clumsy size make it objectionable when transportation is not a consideration and a steamer chair that can be folded up and put away, or a

¹ See *The American Journal of Nursing*, December, 1925, page 991.

high-backed arm chair will give good service. A private room may have an upholstered chair with a high back, wide arms and a low seat. If it has a removable slip cover that can be easily laundered, it is practically sanitary. Rocking-chairs are the delight of many of our countrymen and women and if there are large rooms and wide porches, some may be used, but in a crowded space, the rockers are seriously in the way.

The patient who is just able to be out of bed is more comfortable with his feet on a stool, and getting back into bed looks like less of a task if he sees a footstool he can use, so one should be provided for each private room, and for each ward in number to equal about half the beds. The steel stool with a corrugated rubber top, 8 inches high, 12 inches long, 10 inches wide, is satisfactory, though a wooden stool of similar dimensions, painted to match the beds, will answer very well.

Bedside Tables

THE bedside table represents to the patient a place for all the property he needs while in bed, and even when he has reduced his necessities to the lowest terms it is a problem to take care of the toilet articles, the flowers, the books, the newspapers he is likely to accumulate. Here is another opportunity to study carefully the type of patients likely to be received,—the ignorant man whose family is very sure to bring him forbidden fruit, the child whose toys increase after each visiting day, the student whose books and papers crowd the space, the convalescent or chronic patient whose stay is rather long, and who is not in bed much of the time. What will serve their convenience best? Wherever strictly aseptic nursing is to be done, two tables are in order, one for the patient's belongings, and one for the utensils needed by the nurse in carrying out the procedures.

For the ward, the steel table with a porcelain enamel top, or a monel metal top, is doubtless the most satisfactory. It should be 4 inches below the level at which the patient lies, and be 16 inches by 18 inches in size. Should it have doors and drawers, or open shelves? The table enclosed on three sides, with two shelves, and a bar for the towel and napkin on the level of lower shelf, gives considerable space, is easily inspected, and is less expensive than one provided with drawers and doors. A ring for supporting a basin may be provided, but since the basin has to be taken out to be cleaned and sterilized after being used, there seems to be no reason why it should not be stored in the utility room and returned when needed, thus saving the space in the table for general use. Some sort of device for holding the soap and tooth brush should be provided.

If the table is on castors, it occasionally rolls away from the patient's reach, but it is so heavy as to be unwieldy if mounted on sliding shoes, so it should be mounted on a two-inch rubber-tired castor. The small *lignum vitae* castor is sometimes used, but it is likely to stick and become so worn on one side that it cannot turn.

For the private room, an adjustable table that can be used over the bed for a book or a game, is a convenience. A table 14 inches wide, 48 inches long, and 37 inches high, mounted on large castors, can be rolled over the foot of the bed and brings the patient's books and writing materials within his reach.

A bureau of good proportions is essential in a private room and, if a closet for clothing has not been built into the room, some hanging space should be arranged in this connection. It should have a fair-sized mirror, and may be obtained in either metal or wood.

Even if there are screen curtains hung on rods or wires, a few movable screens

are desirable. Both in the ward and in the private room a small screen, about a yard wide, 5 feet high, with sufficiently spreading base to be substantial, will serve well as a screen from light or draft, or to prevent exposure. Where there are no draw curtains or set screens, a three-fold screen is necessary, and the best yet devised seems to be the steel frame with castors on the center section and the two other sections folding upon it. The section should be about 3 feet wide and 5 feet high, though the cover should be 12 or 18 inches from the floor. There should be a pair of these screens in the ward for every three or four beds.

Lighting

BOTH the practical and decorative values need to be considered carefully in deciding on the lighting system to be installed. The electrical engineers of the present day have done much work on the subject and will probably give us an indirect lighting for general illumination which is very pleasant for the early evening hours, but it does not answer the need for treatments like catheterizations or for the patient who wishes to read for a while in the evening. Drop lights with shades can be provided for these purposes and they will also serve to use at the bedside of a very ill patient who needs to be constantly watched. Samples of lamps that are useful and artistic should be obtained and studied. A couple of electric flashlights should be provided for each ward, as they are very useful to the night nurse. The association of white furniture with hospitals is fortunately no longer as compelling as it was a few years ago, yet the impression of immaculate cleanliness given by white or ivory finish is not by any means unattractive, probably employees of all grades readily note soiled spots on it, and it is not impossible to devise a scheme of wall and floor coloring that will be an appropri-

ate setting for white furniture. Grey, in some pleasant shade, is very attractive, while a dark bedstead and chair may make a pleasing contrast to light walls and floors.

Pictures on the walls, except in day rooms or solariums, are of very doubtful value, as the taste of patients varies so radically that what one enjoys, another finds annoying. Cretonne or stenciled hangings are objectionable in that they constantly entice a patient to count, so many across, so many up and down, why did they cut that figure at that point?—until his weak and weary brain feels exhausted with the effort, yet is unable to escape from its fascination. The figures also frequently group themselves grotesquely to his imagination and he sees grinning faces where the designer never dreamed of having them.

Some of the delicate pastel shades, contrasting with the walls, are the most satisfactory for hangings and form a pleasant background for the flowers which almost every patient has; these are the most delightful decoration possible, embodying change of color, form, and a quality of vital living beauty which is valuable in itself.

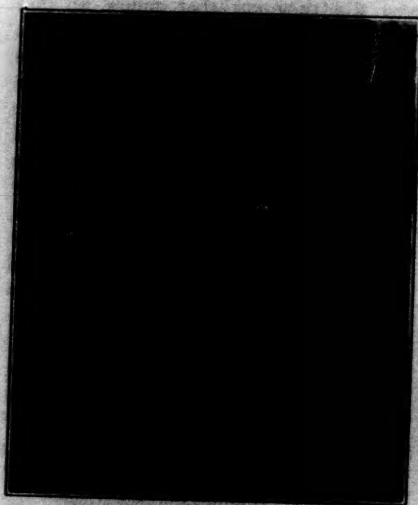
Of course it is expecting a good deal that the architect, the superintendent, the trustees, the purchasing agent, and the nurses, should all study these problems of use and beauty together, yet each has something to contribute, and if each will bring to their conferences his own point of view with the reasons supporting it, and also an eagerness to understand the subject from as many sides as possible, the problem has a good chance of being seen as a whole and then of being solved to the best advantage.

The placing of orders for these furnishings and supplies is a business in itself and requires a knowledge of a variety of markets and materials almost beyond one person's capacity, yet the

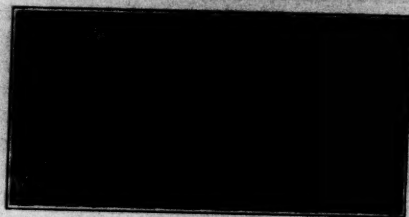
responsibility must be accepted by some one, and economy and efficiency are usually well served by having the purchasing done from one office, though it is essential that this office should show a prompt reaction to stimuli from those in practical contact with the work in each department.



Inhalation Apparatus



It won't upset! Here is an inhaler that cannot possibly be upset. The ordinary enamel jar used is firmly held by the bars which slip over the ends of a standard bedside table. Note the new use for a paper bag. This is another practical device in use in the Columbia Hospital, Milwaukee, Wis.



Rules Regarding Animals

Observed in all Medical Schools and Research Institutes in this country:

1. Vagrant dogs and cats brought to the laboratory and purchased, shall be held at least as long as at the city pound, and shall be returned to their owners if claimed and identified.
2. Animals in the laboratory shall receive every consideration for their bodily comfort; they shall be kindly treated, properly fed, and their surroundings kept in the best possible sanitary condition.
3. No operations on animals shall be made except with the sanction of the Director of the laboratory, who holds himself responsible for the importance of the problems studied and for the propriety of the procedures used in the solution of these problems.
4. In any operation likely to cause greater discomfort than that attending anesthetization, the animal shall first be rendered incapable of perceiving pain and shall be maintained in that condition until the operation is ended. Exceptions to this rule will be made by the Director alone and then only when anesthesia would defeat the object of the experiment. In such cases, an anesthetic shall be used so far as possible and may be discontinued only so long as is absolutely essential for the necessary observations.
5. At the conclusion of the experiment the animal shall be killed painlessly. Exceptions to this rule will be made only when continuance of the animal's life is necessary to determine the result of the experiment. In that case, the same aseptic precautions shall be observed during the operation and so far as possible the same care shall be taken to minimize the discomforts during the convalescence as in a hospital for human beings.

"Scientific inquiry has been the chief instrumentality in bringing man from barbarism to civilization, from darkness to light, while it has incurred at every step, determined opposition from the powers of ignorance, misunderstanding and jealousy."

—The Association for Medical Progress, 370 Seventh Avenue, New York City.



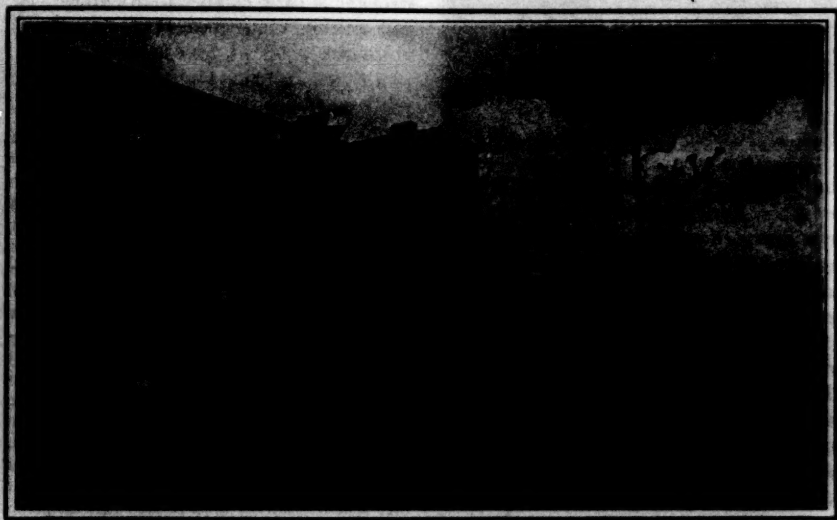
Of the *Journal*: "Can't afford to miss a single number. Keeps an old graduate like myself informed and worth the price."

Michigan

C. K. B.

American Memorial Hospital—Reims

By JEAN PAULINE EGBERT, R.N.



YOU'RE going to Reims! What for?"

"Of all the uninteresting towns! They have the worst weather in France!"

"Don't take a trunk, you'll be back next week."

With these encouraging farewells, I set out from Paris one cold, blustery, rainy December day. I did not take a trunk—nor did I return the next week.

To the average American, Reims means the cathedral—that wonderful battered old veteran which, though wounded, still stands in masterful dignity guarding the town and the little hamlets for many *kilomètres* around.

To me, Reims means that, but it means a great deal more. It means a great valley dotted with rolling hills of grain; of tiny villages each with its own stone church and farm buildings; of great stretches of vineyards—for this is the champagne country; and on a little

hill, commanding a wonderful view of the town and the whole valley, stands the American Memorial Hospital.

Designed by Mr. Butler of New York, who gave his services, built by American money and endowed by Americans who are still interested in French children, this hospital of 122 beds was officially opened by Myron T. Herrick in May, 1925. It is beautifully equipped throughout with every modern convenience for patient and nurse, and is surrounded by attractive gardens and lawns, where the children who are up can play on fine days.

That is the structure of the work, and the soul is Dr. Marie-Louise Lefort, the adopted mother not only of all the children but of all the nurses, too. A New York doctor of French parents, speaking both languages equally well, this woman of untiring energy has worked ceaselessly for Reims during and since the war. Among the first to return after



the German occupation was Doctor Lefort. For years she toiled at the temporary hospital, 88 Rue Chanzy. At last her dream of a children's hospital has been accomplished—which means not a cessation but an increase of work.

This hospital which cares for children from birth to 14 years, and takes in all cases except contagion has been given to the city of Reims and is now under city management and affiliates with the *Hôpital Civil*, whose students come out for their three months' children's training. The hospital has a large clinic, treatment and examining departments, a *pavillon des entrants* where new cases are kept, each as a separate unit, for 14 days—medical and surgical wards with fine surgery, sterilizing, plaster rooms, etc.

The internes and externes from the *Ecole de Médecine* make rounds daily and there is a medical man and a surgeon who have clinics and make rounds about three times a week. The patients pay according to their ability, but no one is turned away for lack of money. There are a few American and English nurses but the majority are French.

Volumes could be written on the needs of the poor, neglected children of that region, many of whom are illegitimate or orphaned—all of whom are suffering the inevitable results of the war—that awful monster whose claws will be felt for many decades in that barren depleted land. But as the people are bravely building up the cities and towns, plowing under the ruins of the past for the

crops of tomorrow, so we hope that with our help they may build up the next generation a little healthier, a little stronger, a little cleaner than before.



Convalescent Care

CONVALESCENT care begins when the acute illness is cured. The care is different from acute care in every way. As the convalescent moves rapidly or slowly toward normal, the responsible one remembers that the patient is recovering from acute illness; e.g., lobar pneumonia or an operation. The convalescent should forget it, the sooner the better. Going over the details of the sick room, or the symptoms or the treatment fatigues the nerves. "Organ" recitals with all the fascination of morbidity never really help toward the normal. Active, every-day life is the goal to be attained through carefully introduced work or exercise, regular food, dropping the druggist's stimulant for the food stimulant and finding out through a careful diet when sedatives or laxatives can be given up. Nature is almost always generous to convalescents in the matter of sleep. Without shadowing or fussing, they can be guided to rest before a healthy tiredness becomes fatigue. Once "I am getting well," is the first thought in the mind of our charge, rather than "I have been ill," the rest is easy.

ADA BEAGLEY, R.N.



Alcoholism at Bellevue

WE used to have famous alcoholic wards in Bellevue that were always full. With the adoption of the 18th Amendment, the character of our problems almost completely changed for three or four years. We almost never see, nowadays, a pile of furniture on the sidewalk with a starved dispossessed family sitting on it. Instead, the children are decently clothed; the men are keeping their jobs better and paying their bills. They do not have to pass the inviting door of a corner saloon on payday.

The report today, however, unhappily is not so good as in 1919 and 1920, but much better than before prohibition.

—From "The Story of the Years," a record of Mary E. Wadleigh's development of social service at Bellevue over a period of 20 years.

Malaria Treatment of General Paralysis

By HELEN C. WILLIAMS, R.N.

GENERAL paralysis, or paresis as it is sometimes called, has been proved to be a syphilitic infection of the tertiary stage. First, the positive Wassermann reaction of the spinal fluid showed it to be so, and proof was unmistakably established with the discovery, by Noguchi and Moore, of the spirochaeta pallida in the brains of patients who died of this disease. With the satisfactory evidence of the origin of the disease, antisyphilitic treatment was instituted. Many drugs have been used, and different methods only emphasize the dissatisfaction with results in curing or even alleviating the symptoms. It was natural, then, that when the malarial treatment for the disease, with its better results, was published that it should come into general use.

This form of treatment is based on observation of Wagner Von Jaureg, an Austrian physician, as far back as 1887, that cases of general paralysis frequently improved after an attack of some intercurrent infectious disease. The first application of the method was made by him in 1890, when he injected cases with tuberculin in order to produce a febrile reaction. Later, in 1917, he instituted the present malarial treatment which is being used in different centers of this country and abroad.

Some very favorable reports have been made by European and American investigators on the result of this treatment. Although different theories are advanced to account for the good results obtained by the malarial treatment of paresis, in the light of the present knowledge it is considered purely empirical. One theory assumes that it depends on the formation of non-specific immune bodies, the presence of which renders the host less habitable for the spirochaetes; and another, that it de-

pends on the high fever and accompanying hyperemia.

A physician working among the Chinese makes the interesting observation that in a certain section of China where syphilis is one of the commonest diseases, and where 90 per cent of the inhabitants have malaria, in a period of eight years he has seen no cases of general paralysis and only two cases of tabes. This was based on his experience while in contact with six thousand hospital cases and twenty thousand out-cases.

Experience over Two-year Period

THE malarial treatment of general paresis has been used at the Buffalo State Hospital for the past two years. The tertian type of malarial organism is employed and is administered subcutaneously or by intravenous injection, the latter gives a quicker reaction, but the subcutaneous method has proved quite effective. The technic is surgically aseptic as in any other subcutaneous or intravenous treatment. No special medical preparation in the way of stimulants or other drugs has been made, nor has the malaria treatment been followed by any other antiluetic remedies, because it has been the policy of the physicians to see what malaria alone would do for this type of case. The patient is allowed to have from ten to twenty paroxysms, depending on his general physical condition, and is then given quinine sulphate, grains X, t. i. d., for ten days.

Our cases react differently in regard to frequency of paroxysms produced by the treatment, some having chills and fever every day, others every second or third day, but when the cycle is once established they usually show little variation. None of our cases have failed

to respond eventually to malarial inoculation before a take was secured. For some reason or other, there are cases that do not respond well. These cases have infrequent paroxysms produced by the treatment, some having chills and fever every day. Such cases have infrequent paroxysms or low temperature during paroxysms. Our negro patients have been particularly difficult to inoculate, but none have failed to respond eventually, although as a rule, they spontaneously stop having paroxysms or the paroxysms are irregular and infrequent. The malaria organism appears more virulent at one time than at others. A few cases have very high elevation of temperature, and then it is not uncommon to have other series of cases have slight rise of temperature. The most frequent complications of malaria noted have been jaundice, swollen and tender spleen and liver, herpes, and occasionally sharp neuralgia-like pains in the extremities at the height of the fever.

In regard to changes in the patient's physical condition following treatment, our physicians have observed a gain in weight and strength in those cases that respond favorably.

Our cases have shown very few changes in respect to neurological symptoms. The reflexes, including eye reflexes, usually remain unaltered. It is not uncommon, however, to see improvement in the power of balancing and coordination, a disappearance of tremors, and a restoration of sphincter control where incontinence has existed. A few cases have exhibited almost immediate mental improvement, but the majority in two or three months after completion of treatment. In cases of no mental improvement after a period of six months, the treatment is repeated, but the reaction to the second inoculation is not as satisfactory as the first.

In those cases showing mental improvement, we have observed, first, that

they show more alertness and take more interest in their surroundings; they become more tidy and careful as to their personal appearance; they adjust themselves better socially, and take part in games and other activities on the wards, and assist with the routine ward work and occupational therapy. About this time they begin to ask for parole of the grounds and to go home. Later they begin to discuss their peculiarities, and in a large number of instances gain good insight. A striking fact noted in our parole patients, when reporting at the hospital, is the natural and intelligent manner in which they discuss their work and future plans, and current topics of general interest.

Nursing Care

THE nursing care includes that of malaria. We use mosquito proof rooms for our patients during the time they are receiving the malaria treatment. Some medical authorities do not think this necessary, but we do it in order to conform to recommendations by the State Department of Health regarding malaria.

The diet during paroxysms consists chiefly of liquids, but as soon as the paroxysms and fever subside, special attention is given to feeding with a generous full diet.

It is essential that the temperature be taken every two hours and carefully recorded, together with other accompanying symptoms such as chills, perspiration, etc., so that the physician may keep track of the number and severity of the paroxysms and general reaction of each patient to the treatment.

Record of Two Hundred Cases

THUS far, two hundred cases have been treated. Of this number fifty had their treatment completed twelve or more months ago with the following results:

Thirteen have had complete remission which,

in this instance, means that the patient is able to sustain himself in society as well as before he was stricken with the disease.

Six have had partial remissions, which means that the patients are able to sustain themselves in the community, but not as efficiently as before the onset of general paralysis.

Eleven were improved; by improved is meant undoubted and persistent diminution of psychotic symptoms, but still requiring supervision or help inside or outside of an institution.

It will thus be seen that our first year's experience with the malaria treat-

ment resulted in 60 per cent of our cases being decidedly benefited, and 26 per cent of these were, for the time being at least, restored to their former efficiency and well-being.

Our hospital physicians believe that the malaria treatment of general paralysis is the most satisfactory method for institutional cases, but they recognize the fact that ultimate success will depend largely upon the prevention of paresis by early diagnosis and proper treatment of syphilis.

Food for Older People

BY BERTHA M. WOOD

IN Doctor Sherman's last edition of *Chemistry of Food and Nutrition*, much is said about food for growth and food for maintenance. Older people are all grown but they do need food for maintaining their growth.

It is interesting to know that when one is already built, all he has to do is to eat to maintain that building. This means, as will be readily understood, that the amount of food to be taken by an older person should be less than that for a young growing child, and a change should be made in the kinds of food eaten.

The average elderly person is 5 feet 3 inches tall and should weigh 147 to 151 pounds. Their food requirement would be about 65 grams of protein a day with their daily menu averaging 2,400 Calories.

Atwater and Benedict¹ conducted "rest" experiments upon six different men who lived in a calorimeter as quietly as feasible for days at a time. One considerably older than the others, aged 54 years, had a food requirement 15 per cent less than that of the younger men.

¹Sherman's "Chemistry of Food and Nutrition" (3rd edition), page 190.

Knowing what a patient requires is necessary, but that does not complete the responsibility. The next thing is to so prepare, cook, and serve the food so that it will all be consumed.

Usually elderly people have trouble in masticating their food, either because of poor teeth or because their false sets do not fit. Therefore, in preparing food, this must be taken into consideration.

The most important part of a diet for an elderly person who is inactive is fruit and vegetables and much thought should be given that they may be prepared and served in a way which will interest the patient.

Cooked fruits are better than raw, unless the fruit is *very* ripe and is cut fine. Uncooked fruit may be cut with a vegetable cutter into fancy shapes or scooped out in small balls. Melon is attractive when served in balls and placed in a glass dish filled with chopped ice. Finely cut fruit is also attractive when served in orange, lemon, or grapefruit skins, garnished with a few green leaves. Patients may be children in years or children of an older growth, but they all enjoy attractive surprises,

something new and a bit different from what they had the day before.

Vegetables should be cooked very thoroughly, then mashed or cut into small pieces, and served attractively. Sometimes paper cases may be used for serving, sometimes the outside skin of a piece of boiled squash may be refilled, or chopped boiled beet may be served on a small raw cabbage leaf.

If possible, have parsley always on hand. A garnish of carrot stars, cut out with a vegetable cutter or, if none is handy, little carrot straws cut fine, help to make a dull dish more pleasing. A few shreds of green cabbage may be substituted for parsley, and lemon cut in small slices, or half slices, always improves certain dishes.

Meat, cream soups, and eggs will furnish a large part of the protein intake. Cream soups are easily taken care of, but meat necessitates some thought in its preparation that it may be easily masticated. Well cooked chicken, cold ham, liver, and fat bacon are usually soft foods. If steak is served, it should be a piece of tenderloin, ground, then shaped like a piece of tenderloin and broiled. A lamb chop may be browned on both sides, then boiled until *very* tender. It should be seasoned with salt, pepper, and butter before serving and cut from the bone but left in place as if it had been served unmolested. Roast lamb must be well done and finely cut and roast beef should be medium rare and finely cut.

Potatoes may be served mashed or baked. Mashed potato is appetizing when placed in a paper patty case and browned for two or three minutes in the oven. If baked, the potato should be taken out of the shell, mashed, buttered, and seasoned. Then one-half of the shell should be refilled and, if desired, the potato may be browned in the oven for two or three minutes. Tiny cuts of potato may be served creamed.

Usually the taste of elderly persons is not as acute as that of younger persons. They enjoy more salt and pepper and do not care as much for sweets as do more active people. Therefore their desserts may be more interesting if they are a little tart, as lemon or orange jelly, a lemon milk sherbet, a prune whip, or other fruit whip with a little lemon juice added. Other suggestions which should not be forgotten are cream mints or a pretty pink cinnamon mint, a lime drop for a garnish on a whip, or an old-fashioned molasses candy kiss done up in an extra piece of paper with the patient's name on it.

After people have lived in this world for a number of years and have seen a great many things, it renews their youth to find on their tray something new which makes them feel that, after all, they have not come to the end of the road and that there may be more interesting things yet ahead.

The following recipes may be attractive to older people:

POACHED EGG ON TOAST

2 slices bread
1 egg
1 teaspoon butter
Few grains salt
Few grains pepper

Toast bread, butter, and cut out center of one slice with round biscuit cutter. Place the piece with the circular hole on the whole slice of toast. Poach egg soft, season with salt and pepper, place in toast ring, and garnish with parsley on hot plate.

EGG NEST

1 slice bread
1 egg
1 teaspoon butter
Few grains salt
Few grains pepper

Toast bread lightly and butter. Separate egg. Beat the white stiff and form into a nest on the buttered toast. Drop the egg yolk into the center of the nest and place in the oven for nest to brown and yolk to set. This will require about three minutes.

EGG IN TOMATO BASKET

- 1 tomato
- 1 slice bread
- 1 teaspoon butter
- 1 egg
- $\frac{1}{4}$ teaspoon salt
- $\frac{1}{4}$ teaspoon pepper

Cut top from tomato and scoop out inside. Toast and butter bread, using $\frac{1}{2}$ teaspoon butter on toast. Cut out center with biscuit cutter, place tomato in this ring, and drop egg into tomato. Season with salt, pepper, and remainder of butter. Place in oven for about five minutes, or until egg is set.

MEAT OLIVES

- 2 tablespoons chopped tenderloin of beef
- Few grains salt
- 1 slice bacon
- Few grains pepper

Season and shape meat into an oblong roll about 1 inch thick. Wrap bacon around it and bake in a hot oven five minutes, or until

bacon is crisp. The oven should be hot or meat will be overdone.

LAMB IN CARROT CASE

- 2 tablespoons minced lamb
- 2 tablespoons white sauce
- 1 large boiled carrot

Season lamb, add white sauce, and re-heat. Cut off bottom and top of carrot, then scoop out center of the section remaining, leaving a carrot case for meat. Re-heat carrot in boiling water for 3 minutes. *Do not boil.* Remove from water and place meat in case. Garnish with parsley or place carrot on shredded cabbage.

LEMON MILK SHERBET

- 2 cups milk
- $\frac{2}{3}$ cup sugar
- Juice $1\frac{1}{2}$ lemons

Dissolve sugar in milk and put into freezer. Partly pack with ice and salt. When milk is chilled remove cover and add lemon juice. Freeze. Serve in a lemon shell with point cut off so that lemon will stand firm.

Social Hygiene and the Nurse¹

BY JOHN H. STOKES, M.D.

(Continued from the October Journal)

Some Administrative Problems of Treatment for Venereal Disease

YOU will readily understand that the mere mechanics of treating such enormously prevalent diseases as syphilis and gonorrhea, requiring in each individual case so much detailed and repeated attention and care, raises problems which the nurse will be called upon to consider and to help in solving. It is possible to apply organizing methods to the treatment of syphilis and gonorrhea, but especially of the former, on a wholesale scale. The mere repetition of certain procedures, if they are skillfully planned and reasonably well carried out, suffices to produce a large proportion of good results. Thus we find great clinics developing,

in which the mechanics of treatment involve hundreds, thousands, and hundreds of thousands of injections of this and that, into the veins of the arm or the muscles of the buttocks, with line-ups of patients, with routinized sets of steps and motions, of checks and follow-ups, which can be carried out more effectively at times by the clinic than by the individual poorly-equipped and inexperienced physician. This organization and, in a sense, socialization of the treatment of venereal disease has proceeded farther than in almost any other aspect of medicine, and a whole division of the United States Public Health Service, every state board of health, and many public and a few private hospitals and groups have developed machinery to care for venereal disease. In this work, technicians and nurses can take the routine which was formerly

¹A lecture given for nurses in the Pennsylvania School of Social and Health Work, February, 1926.

assigned to physicians, and the diagnosis and treatment, done on such a large scale, can be so cheapened that it is difficult for the physician at large to maintain the standards of his mass competitors. Just what the outcome will be, no one can at this moment say. It seems possible that consultation by experts and cheapening of diagnosis will take place, leaving more of the treatment to the practicing physician, who alone can give the patient the individual care, forethought and consideration which he craves and deserves. As the matter stands just now, only the rich and the poor, as in so many other aspects of medicine, get the best there is to offer, the former in the offices of specialists, the latter in the better and more highly organized clinics. I say this advisedly, for there are many so-called clinics which offer the patient almost less than nothing and do him more harm than good, through ignorance, careless technic and inadequate observation and study.

I cannot leave the subject of organization in treatment, without trying to impress you with the vital part in this work played by your team-mate and complement, the social worker. In a sense, we should all be social workers, comprehending of our human trust, appreciative of the wide range of our responsibilities, constructive in our handling of the social problems which are so closely knitted with the frailties of the flesh. No physician or nurse is adequate who has not a social viewpoint. But to those whose duty it is to keep up the contact between physician and patient, through thick and thin, to follow-up as we say; to adjust and adjust, again and again, each human relation, to the end that a well-rounded result in health and happiness may emerge; to the social workers, venereal disease control owes a special debt. For the clinician they are among the neces-

sary implements of research, the agency that makes possible appraisal of results. For the patient, they are the guides that hold his unwilling feet to the path of ultimate cure. If they do nothing else but bring him back, again and again, they have served. And if in addition they have mended his broken family life, restored his self-respect, helped him to re-line his purse and to look with restored courage out upon life, they have served mightily.

The Venereal Diseases and Marriage

THE effect of gonorrhea on marriage has been sufficiently reviewed. That of syphilis is distinctly different and even more serious, for unlike gonorrhea, the infection is transmissible to the child before birth, as you know, and can thus be bound right up into its very being, to distort, injure and cripple it and, as in a high proportion of cases, to bring about its death. The mortality of syphilis is enormous, and the issue in miscarriage and abortion fully equals the loss of potential life inflicted by the sterility of gonorrhea. But it is to the living child born with syphilis that our efforts and our sympathies most go out. As I have said, infection is now generally believed to occur through the mother. Thus a syphilitic child is forthright evidence that his mother has the disease, even though all signs of the disease, to the blood test itself, may have been suppressed in her by her natural resistance and the immunity of pregnancy. The protection of the uninfected mother from the syphilitic father becomes thus the first aim of prevention. If the mother has been infected, or even at times, if she may have been, but proof is lacking, the next step is even now being taken, and the child who may inherit syphilis is being protected by treatment of the pregnant mother in the prenatal clinic; and if infected, it is treated through the blood of the mother as the

pregnancy progresses. Around the problem of preventing infection of the healthy mother by the syphilitic father, center our worst difficulties. The father may not know he has syphilis. He may have had it and have been mistakenly told he was cured. He may be indifferent and may have married regardless. Nearly 80 per cent of the mothers of syphilitic children have been infected by their husbands, and in a large proportion of cases, in ignorance rather than wilfulness. Recalling our rules for infectiousness, the first five years of the disease are the period of maximum risk of infection. Under the older methods of treatment, relatively few infections of wives occurred after that time, and 70 per cent occurred in the first two years. The effort must be, therefore, to keep the man with syphilis from marrying for five years from the time he acquired the disease. At the same time he must be vigorously treated by the best modern methods in the effort to secure a positive cure. If the cure fails, he is likely to be dangerous to his wife, periodically, for an indefinite time. It is doubtful, in fact, if much relaxation of the rules can be allowed no matter how good the treatment. Those who know human nature know how excessively difficult it is to induce people who look and feel perfectly well to keep on taking medicine, to say nothing of persuading those who want to marry, not to do so. The whole of human nature sets itself against the advice of the physician in the matter of the prevention of syphilis in the child by protection of the woman. The result is that a gradual shift of sentiment is apparent, in which marriage is being postponed for shorter periods, such as one or two years, and the adoption of mechanical and birth control precautions is being substituted, while the husband or wife (if it be she that was the infected party) continues treatment. It is entirely too early to speak on the outcome

of such changes. We can more wisely urge adherence to a four- or five-year rule, and then do our best with the inflections. If marriage has taken place within the five-year period and the mother has been infected, we must throw all our energies into the task of protecting the coming child by treating the mother, not only before its birth, but before its conception. It may not, in fact, be out of order to prepare the father for his share in conception by treatment likewise, if he has had the disease. Around these vexed questions center many controversies which are of no import to you, as nurses. You may at least take your stand for delayed marriage and for treatment of every pregnant woman with syphilis. Such treatment must be effective, include arsphenamine and mercury, but should not be over-strenuous. A necessary sequel to all such treatment must be observation after delivery, for both mother and child, over a period of months and years, not weeks.

The death toll of syphilis in the unborn child is, of course, apparent in the form of miscarriages and stillbirths. Any nurse is, I believe, justified in urging a blood test and an examination upon any woman who has had even one miscarriage, to say nothing of a series of them. But it must not be forgotten that abortions and miscarriages and even still-born children may have other causes than syphilis.

The child with syphilis is, as you know, most frequently the victim of eruptions coming on shortly after birth, with snuffles and nasal discharge, a harsh or soundless cry, enlargement of the spleen and the peculiar form of false paralysis of the muscles due to inflammatory changes in the bones known as Parrot's pseudoparalysis in which one leg or arm simply hangs limp. Not by any means all eruptions of the newborn are syphilis, in fact, probably not more

than two or three living children in one hundred have the disease. But the nurse can well afford to be careful in her handling of infants with marked eruptions about the mouth, genitals, palms and soles, and tactfully to demand of the physician information about the results of the blood test. Such children, now that treatment methods have been perfected (intramuscular sulpharsphenamine), have a much better outlook than in the past, and are not by any means the predestined cripples and defectives which the horrific movies portray. The much more interesting type of inherited syphilis, from many angles, is that in which a child, seemingly fairly healthy and normally developing, suddenly out of a clear sky develops some of the serious complications of the disease, paresis, or lesions of the eye or of the internal ear, which are characteristic of the disease. In these children, expert examination detects changes in the bones, the teeth and other structures that are even more conclusively diagnostic than the Wassermann blood test, which may be negative. These children, if not too hard hit by the disease, are likewise anything but human wreckage. They are often abler mentally, keener and more alert than the average well child, and include among their number many of the finest examples of manhood and womanhood. They do not transmit the disease to their marital partners or children, and if properly treated, may take a normal place in life.

The eye complications of inherited syphilis, and the total deafness which it may cause, are two of the tragedies of the disease. Interstitial keratitis, by clouding the cornea of the eye, causes impairment of vision in 40 to 60 per cent of average cases, often so marked that there is scarcely light perception left. The deafness is usually total and irremediable, occurs in about 10 per cent of cases, and helps populate our schools

and asylums for the dumb. Every nurse should insist on learning the shape of the upper front teeth of the second dentition by which it is possible to recognize heredosyphilis in about 40 per cent of the cases, before some of these accidents occur.

If, then, I were to summarize a few axioms for the nurse in dealing with familial syphilis, I should say:

1. Realize that every person with syphilis comes from a person with syphilis, and follow up. Bring for examination every member of a family in which syphilis has appeared.
2. Stand for pre-natal blood tests of every mother and skillful treatment of every syphilitic mother. The results in life-saving are amazing.
3. Keep the syphilitic mother and the possibly syphilitic child in touch with a good clinic for months and years, even if nothing appears at the outset.
4. Handle infantile eruptions of mouth and genital region carefully, and tactfully find out if they are syphilitic, from the physician. But don't have panic over every little spot and pimple.
5. Take "pink eye" which does not clear up in a day or two, seriously, and get the child to a clinic for a blood test and examination. All old-time beliefs to the contrary, interstitial keratitis, which this may be, can be aborted by vigorous treatment with "606," and the child's eyesight saved.
6. Remember that a child may be queer, unruly, backward, or even actually demented because of syphilis, and have such cases investigated.
7. Don't depend wholly on blood tests, for grave cases may be Wassermann negative. Have an examination by an expert if possible.
8. Lose no opportunity to see the common landmarks of inherited syphilis such as the Hutchinsonian tooth and the sabre-shin, and apply your knowledge in child-welfare work.
9. Women who have or have had miscarriages need Wassermann tests and even fuller examination.

Industrial Medicine and Venereal Disease

GONORRHEA, except as it is responsible for actual absence from work or for prolonged reduced efficiency, seldom confronts the nurse in industrial work. On the other hand, syphilis is an

important factor in this field, for it has the peculiarity of bursting out at the point where an injury has occurred, and of affecting the nervous system and the mental powers of the patient in such a way as to make him dangerously incompetent. Many a claim for compensation has been carried along for an indefinite period on complications due to syphilis, which arose after an injury but were not actually due to it. The industrial physician must use the blood test repeatedly and at times insist upon fuller examination for concealed syphilis among his patients. The danger of the nervous and mental complications is nowhere more apparent than in the railroad man. The engineer who sustains a lapse of memory, or a slight stroke as he passes a closed block, drives on in the darkness, a victim of syphilitic endarteritis, and piles his train up on an open switch or telescopes the rear of another. Not a few of the wrecks which make you shudder are the far cries from a little nest of spirochetes about an artery in a human brain. In all aspects of industry, with its intense demands on nerve and concentration, syphilis may take its toll.

Prophylaxis

AS the last topic of this, our medical review, I mention the prevention of syphilis and gonorrhea. This can be accomplished, in the male at least, in a considerable proportion of cases, by the application of an ointment containing 33 per cent calomel in a mixture of lanolin and lard or petrolatum, to the exposed parts after thorough washing with green soap and water. The use of a urethral injection either of the ointment or of a solution of protargol assists in the prevention of gonorrhea. If applied promptly, the effect of this preventive treatment is remarkable, less than 1 per cent of infections occurring in spite of it. It is more effective when

given by a skilled attendant or physician than when self-administered. The applications of this preventive treatment in every-day life are for the future to determine. There can be no doubt that in armies and under the conditions of war time, it has prevented a vast amount of venereal infection. The rubbing in of calomel ointment may be done in the case of all injuries except pin-pricks, obtained in handling possibly infected material or patients. In the case of pin- and needle-pricks, and of the splashing of infected blood into the mouth or eye, this form of prophylaxis is useless, and a more recent type, that of administering *at once*, two or three successive doses of nearsphenamine in the course of three or four days, must be employed. This newer prophylaxis is invaluable if properly and promptly applied within two days in all cases of known or even suspected exposure to syphilis. It cannot, obviously, be indefinitely repeated.

Some Common Misconceptions regarding Venereal Disease

IT will make a logical transition to our closing words on social hygiene problems in the broad sense, if we lay to rest one or two of the false notions which have beset the path of those working for venereal disease control, and point a way to sounder sources of information. The term "venereal," taken in its literal acceptance, implies a stigma, a disgrace, the tacit imputation of immorality and licentious conduct. This branding of the victim of syphilis or gonorrhea as necessarily sexually derelict is one of the grossest injustices of an age of unintelligent and indiscriminating prudery. While unescapably associated with sex, the connection of syphilis and gonorrhea with such matters is biological and not moral, and is merely incident to the fact that the germs involved grow only in a certain environment, as potatoes do in sandy

soil. Their attack is precipitated wholly without reference to moral issues, and takes place as often in the proper relations of marriage as in the relations of prostitution. The guilt of the infected party often, never for a moment comes into question, and his or her complete innocence is apparent to the most rudimentary sense of justice. The attachment of a gratuitous slur accomplishes absolutely nothing for the rectifying of the situation. It debases and breaks the victim to no good end, it destroys his morale, it blocks instead of stimulating his reform, if reform is needed. From a long observation of the effects of the venereal branding and stigma, I can tell you with positiveness, that it has not one single virtue as an agent of justice or retribution, and that it is as harmful, as deteriorating and debasing in its effects, as sexual license itself. In many aspects of syphilis, it is as serious or more serious than the disease itself, and the effort to drag the patient from the slump into which our self-righteous sneers have put him, calls for greater exertion than does the conquest of the *Spirocheta pallida*. Among my friends with syphilis, especially, are numbered some of the most queenly women and the most princely men there are; and I pass each day on street, in shop and clinic, unhung sexual scoundrels who I know, by careful examination, do not have either syphilis or gonorrhea. I charge you, therefore, if I may use so grave a word, to preach and to live an unflinching charity and generous comprehension towards the victims of these diseases. Know and value or discard them for their intrinsic worth or worthlessness, as men and women, and refuse to add one drop to their cup of misfortune by a slurring thought or glance.

The fear of syphilis and gonorrhea, as a deterrent to sexual misconduct, has a hold on our thinking similar to that of

the venereal stigma. We confidently believe that education in the horrors of these two diseases will exert a positive pressure for moral living. I have long been interested in this question. I concede a certain amount of fearful deterrent effect from a gallery of appropriate and stunning lantern slides, or the shock of an old-time "smut lecture." But I hold the motive and the method alike in contempt. I see too often the short-lived influence of such fears, and I find too much real character in other fields, missing in the man who can only muster fear as his bulwark for moral conviction. Neither syphilis nor gonorrhea is needed to keep the men and women we really aspire to be, straight for our goal. It is this conviction that the divorce of syphilis and gonorrhea from the moral issues of the sexual life will bring wisdom, clarity and intelligent thinking with it, to replace the shambles of disease-ridden ignorance and fear that puts the drive into this work. Once syphilis and gonorrhea are gone, then may man stand upon his feet facing his Maker and fearlessly use his intelligence on the problem of his sexual destiny. If he stands, he does so through his positive moral force, and if he falls it is because he lacks the character for survival.

(To be continued)



Control of Poliomyelitis

RECENT studies for the prevention and control of poliomyelitis (infantile paralysis) show that such general precautions as are used when there is a case of typhoid fever in the home are very important. The spread of this dread disease through discharges from the patient should be carefully guarded against. Precautions must be taken against contact spread, upper respiratory secretion spread and the possible spread of the disease by house flies and contaminated raw foods, especially milk.

State Board of Health Bulletin, Wisconsin.

Nursing Education at Temple University

A Four-year Course Leading to a Degree

BY HARRIET L. P. FRIEND, R.N.

FOR years, Dr. Russell H. Conwell, the great founder of Temple University, longed to do for nursing education what had been done in the university for other professions. Finally, in 1925, Miss Peabody of the Home Economics Department was appointed Director of Nursing Education to formulate a course and make a beginning, and in the spring of 1926 the writer became Director of Nursing.

The first survey of existing facilities in Philadelphia revealed an unusual wealth of opportunity and of friendly, cooperative spirit.

With this cooperation, a four-year course combining college and hospital classes and experience was outlined. Briefly, the program is to be given at Temple University for the first two years. The Director has constant contact with the students and instructors. The second semester of the second year will include a course in Principles and Practice of Nursing.

The practice in nursing will be given with correlated lectures, classes and demonstrations, as follows: Surgical, Eye, Ear, Nose and Throat, and Obstetrical Nursing at the Samaritan Hospital; Medical, Children's and Psychiatric Nursing at the Philadelphia General Hospital; Contagious Disease Nursing at the Contagious Hospital of Philadelphia. The last four months of the program will be given with the School of Social and Health Work and will include three months of family health case work, with experience given with the Visiting Nurse Society of Philadelphia, and one month of prenatal and welfare work done with the Phipps Institute for Tuberculosis.

The University has made it possible for the Director of Nursing Education to

supervise students throughout the four-year program and a supervision and co-ordination fee will be charged during the time the student is taking hospital courses. Additional reading, case studies, and excursions will be required to supplement the hospital courses.

The students' practice has been confined to an average of six hours daily; it may be necessary to somewhat shorten this. We have a direct connection with nursery schools through our Nursery School Education program and our plan is to utilize this in the course in Children's Nursing. Indeed, there is an embarrassment of riches.

Aside from the sound science foundation necessary for the art of nursing, the program is beginning to demonstrate its usefulness in filling the gap between high school and the school of nursing for the student who is too young to enter the latter at once.

Several graduate nurses also have already enrolled and are seizing this opportunity to strengthen and increase their general education. We have outlined a program in Teaching and Supervision in Nursing with a promise of practice work at the schools of nursing sharing in our program.

Too much cannot be said for the cordial interest and support of the Faculty of Temple University under which the work is organized nor for the support of the Dean of the College, Doctor George E. Walk, for Dean Walk welcomes courses which aim at improvement in professional education. If we succeed in making a contribution to education for nursing, the profession, and the community as well, will owe Doctor Walk a great debt.

The four-year program offers a professional background that is as sound

for the student nurse as are other programs in our Teachers College. The student nurse will always belong to the University, not to a hospital school of nursing. She will have a chance to live as normal a life as does any other college student. She will be enabled to keep up with her class activities.

Emphasis will always be laid on the

nurse as a teacher and as a conservator of health and there is every reason to believe that the students will make a real contribution to the welfare of the patients they care for in each institution by reason of the sequence of sound preparation for their profession of which Doctor Stebbins wrote in her inspiring paper in the September *Journal of Nursing*,—Nursing as a Profession.

On to Peking!

By CORA E. SIMPSON

(Continued from the October Journal)

WHILE I have not had permission to tell you all the plans for your pleasure, I have "listened in" long enough to hear the Committee discussing such things as a Chinese banquet with all the trimmings, a reception at the President's palace with real Chinese tea served, Chinese music and drama perhaps. I have heard them discussing such men as Governor Yen, the Health Man, Dr. C. T. Wang of International fame, Dr. Wu Lien Teh, the world's authority on Plague, Marshall Feng Yu Hsiang, the Christian General, Mr. Chuang, President of the Chinese Red Cross, etc., who will be there to do you honor. Our Committee has a whole city full of representatives from all lands who only wait to know how they can best help the nurses to make your visit happy. We will give you an idea of the time required, the things to be seen, and the cost of the trip. We think the entire trip can be made, in this way, for about one thousand dollars, with something over for curios, etc. Those who wish to travel first class will plan for more than this amount.

We hope to show nurses from every land, in Asia, at that Congress, so as never before this may indeed be an International Council of Nurses' meeting. Our President, Miss Gage, hopes to have the pleasure of greeting you, herself, in Peking in 1929.

In reply to hundreds of questions and letters that are coming to us about the Congress of the International Council of Nurses to be held in Peking, in 1929, we are glad to be able to present the following tentative tours for the trip as worked out by R. S. Elworthy, General Passenger Agent of the Canadian Pacific.

To be sure there are many splendid routes

to the Orient but as the Canadian Pacific is the quickest route and has the best second-class accommodations, we are presenting this as something to direct your thinking.

Nurses interested should write direct to Mr. Elworthy at the Chicago office and he will be glad to give more detailed information as the days go by.

These are not definite itineraries and definite rates, but simply approximate figures covering tours through parts of Japan and China. Later, when details of the meeting in Peking are available, and it is known how many nurses will attend, actual arrangements can be made and definite prices given.

During the days of the Congress, delegates will be planned for by the Hospitality Committee but this expense will not be very great.

All other expenses as to travel, hotels, meals, and all necessary expenses while on land, will be cared for by the Canadian Pacific Co., from the time you leave Vancouver until you return.

Passports are personal and are not included here.

These prices do not include travel in the United States but from the time of leaving Vancouver until the time of return to that city.

Each party will be in charge of a Personal Conductor "from the time of embarkation until the steamer docks at home."

Special guides will be provided for all foreign ports and countries.

The company has submitted two itineraries for the trip (Tentative Tours.)

ITINERARY NO. 1. TIME, about 45 days. Approximate cost, \$700.

Canadian Pacific Steamer to Yokohama.

Leave Steamer and visit Tokyo, Kyoto, etc., by rail through Japan.

Boat to Fusan.

Rail to Seoul, Mukden, Tientsin and Peking. Congress.

After Congress, sightseeing in Peking, including visit to the Great Wall.

Rail to Hankow. Steamer to Nanking. Rail to Shanghai.

Steamer for home. Visit chief points of interest in all places.

ITINERARY NO. 2. TIME, about two months. Approximate cost \$800.

Steamer straight to Hongkong (only stopping at ports of call).

Hongkong City, sightseeing.

Manilla, visit Cathedrahs, Forts Santiago and McKinley, etc.

Hongkong, motor trip around the Island, Aberdeen and Repulse Bay.

Visit Canton, trip by steamer or rail.

Shanghai, sightseeing.

Nanking and Hankow by steamer. Sights of interest.

Hankow, rail to Peking.

Congress.

After Congress, sightseeing in Peking, including trip to the Great Wall.

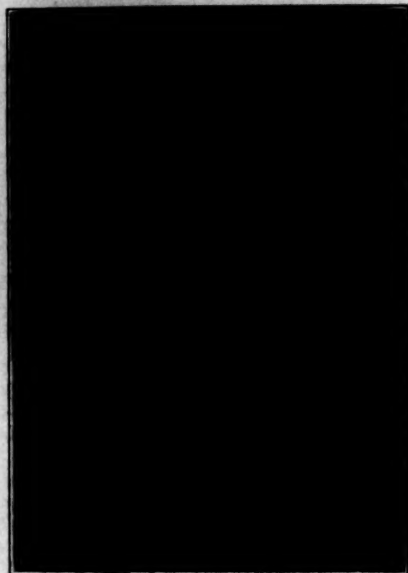
Rail to Tientsin, Mukden, Seoul.

Boat to Fusan.

Rail to Kyoto and Tokyo and Yokohama.

Embark for home.

The parties will be met at every city in China through which they pass by representa-



CORA E. SIMPSON, R.N.

General Secretary, Nurses' Association of China

tives of the Nurses' Association of China. Your President will welcome you in Peking. Watch the *Journal* for future announcements.

Remember our slogan, "On to Peking! Follow your President to China."

As One Physician Sees It!¹

BY FRANK LE MOYNE HUPP, M.D.

ON behalf then of the men of medicine of this commonwealth, and as an ex-president of the State Medical Association, I wish to pay the highest tribute of praise and the homage of our profound admiration for your monumental vision, your unflinching industry, your whole-hearted devotion to a principle.

But do not deceive yourselves, or for a moment feel that the pinnacle of the Matterhorn of your ambitions has been

¹Excerpts from an address (too long for publication) given before the West Virginia State Nurses' Association, April, 1926.

reached; you are only at the threshold of infinite possibilities and achievements. . . .

The workers in the vineyard are altogether too few at the present time, and any suggestion that may lead to an augmentation of your forces certainly should be entertained and welcomed, as long as it is in no wise prejudicial to present standards. The people of this nation will continue to suffer sickness and will fall by the way, and you God-selected women have pledged your devotion to nursing them back to health. . . .

Many times I have been asked by a superintendent or directress of nurses to point out the weak links in the chain of our state nurses' educational system, or to have the board offer or suggest any constructive criticism that may strengthen the warp, woof and texture of the fabric of which the teaching policies are composed, and which might spell higher standards, better timber and personnel of those making up the pupil contingent of our state.

In answering these questions, or in attempting to solve some of the difficulties like these, and many others, which have confronted us, the board, if truthful, must needs be tactful, or subject itself to the charge of being personal. However, there are some obvious shortcomings, many sins of omission and commission, and too often examples of neglect, abortive efforts on the part of some institutions to perfunctorily turn out half-baked nurses, and all of these might well be threshed out before a body of graduate nurses, many of whom are occupying exalted positions as directors or teachers.

How often some institution, in its desire to fill its quota of probationers, will receive these applicants under age, and unprepared, in some of whom the preliminary education has been less even than the eighth grade, and woefully neglected at that; in some these primitive minds are in no fit shape to receive, understand or to assimilate facts or fundamentals, no matter how simply taught. One school recently sent up eight students before the board, not one of whom had ever been in a high school. Many of these undesirables should never have been received, no matter what the emergency. Or if these pitiful one-tracked brains are permitted to embark on their ever limited development, they should never be permitted to pass the two-month probation period, but be tactfully "busted out" or aborted in embryo.

The board wishes to emphatically go on record as stamping as a crime any school allowing young, pseudo-ambitious and unsuspecting girls to drag through three long years of laborious drudgery, and then have the temerity to send them up for examination, with the expectation of receiving their R.N., only to be ruthlessly tossed aside with perhaps a grade of 40 or 50, and branded as unfit.

Is this reason, is it within the law, is it humanity? To my mind it is monstrous and absurd.

We have had repeated examples of these pathetic pictures, defeated applicants coming with tears in their eyes who, with a full measure of justification, feel that they have not had a square deal. These disappointed girls feel that they have been discriminated against. One such came to me in sackcloth, ashes and lachrymose—on her face was written despair and bitter disappointment, declaring that nothing remained for her but to jump from the bridge. Let me frankly ask you teachers and registered nurses, Whose fault is this? On whose shoulders should this responsibility rest? Is it the crestfallen pupil nurse? Unequivocally, no. It is definitely the directress of the school. It is her solemn duty to stop these pupils at the threshold of their ambition.

Then again the fault lies with those who are supposed to teach and lecture, and who, with a clear conscience violate their obligations.

I am happy to tell this association that the general trend is upward; that in the past five years there has been a very marked improvement, better schools, a more serious and a far better understanding of the responsibility in the teaching problem. A more critical analysis has been made of the whole educational scheme. Many training schools have employed full time teachers. Much of this has arisen out of the standardization of the hospitals through the helpful

influence of the score system, as inaugurated by the American College of Surgeons, and the American Medical Association.

My message to you is not so much "be educated" but "stay educated." The best interests of humanity and society demand the highest type of woman; one who acts, as Isabel Stewart puts it, "as a scientifically trained assistant to, not a servant of, the physician, one who is fitted to lead in certain branches of social work," and may we add, one not only with aims but with accomplishments.



The Modern Treatment of Carbon Monoxide Poisoning

CARBON monoxide poisoning may present three distinct clinical pictures:

1. Cases in which relatively small amounts of carbon monoxide gas have been inhaled.
2. Cases in which the poisoning has been severe, but in which respiration still continues when treatment is instituted.
3. Cases in which all respiration has ceased.

The method now in use is to give persons overcome with carbon monoxide a mixture of 95 per cent oxygen with 5 per cent carbon dioxide (CO). Not only does the carbon dioxide stimulate respiration in a way to greatly assist in getting oxygen to the lungs, but it has been found that it increases the blood pressure and so improves the circulation in the lungs. In carbon monoxide poisoning the blood pressure drops, with the result that cardiac function which is already impaired through a deficiency of carbon dioxide in the blood, suffers still further from inadequate coronary circulation.

The use of the 95 per cent oxygen—5 per cent carbon dioxide mixture has shown itself, as a result of two years of intensive application to be the treatment of choice in all cases of carbon monoxide poisoning. In mild cases, recovery appears to be more rapid, and there are fewer after effects, such as headache. In the more severe cases the results have been equally good. In cases in which respiration has ceased, this method can be applied in conjunction with prone pressure artificial respiration.

There are several mechanical devices on the

market which deliver this gas mixture to the patient very successfully indeed. They seem to meet the objections which have always been raised against devices of the pulmotor or lung-motor types.

MAX R. MAYER, M.D.,
Industrial Hygiene Bulletin.



Sanitation in the Home

ALL civilized people desire to have clean and sanitary homes so that the family may live under the best and most healthful conditions. Most household methods are based on sound sanitary principles, although nearly all probably came into general use long before much was known about hygiene and sanitation.

The old method of sweeping scattered dust in blinding clouds some of which found its way into the lungs of the sweeper. Then came the carpet sweeper and now the vacuum cleaner which, where electricity is available, has largely displaced the broom. Where the old fashioned method is still in use in order to keep down the dust wet tea leaves or dampened scraps of paper should be scattered on the floor before sweeping. Even though harmful organisms may not be present, dust causes mechanical irritation of the air passages which renders them more susceptible to the germs of colds, coughs and like disorders.

Since the ordinary soap has mild disinfecting qualities the washing of clothes tends to destroy infectious organisms while boiling and subsequent ironing make the clothes practically sterile.

If plenty of hot water and soap are used in dish washing there is very slight chance of infection from table utensils. Nevertheless if a communicable disease exists in the house, it is necessary to wash and scald the patient's dishes and utensils separately. This is a regulation of the State Board of Health. The mechanical dishwaters slowly coming into use depend for their effectiveness on the use of hot water of a temperature sufficient to kill all germs.

If one were to believe the advertisements of certain refrigerator manufacturers, the ordinary one in the household may easily become a "breeder of disease." This is not so. Practically all disease germs need room if not body temperature in order to multiply. However, the refrigerator should be kept clean and free from spoiled foods.

—New York State Health Department.

Who's Who in the Nursing World



LXIV. EMMA L. WALL, R.N.

Miss Wall went overseas with the Red Cross in 1918 and she was for a short time a staff nurse at the United Fruit Company's Hospital at Tela, Honduras. Aside from these two brief but interesting interludes, she has found her life work in her home state, Louisiana.

Miss Wall is a graduate of the Touro Infirmary School of Nursing and is primarily a private duty nurse. She has, however, been a Metropolitan nurse and has many professional interests. These center chiefly in work for the

Red Cross and for the State Association. For the Red Cross she has acted as state organizer, instructor in Home Hygiene and Care of the Sick, and a member of both State and National Committees. She is active in her Alumnae Association and she has been president of the State Association. Miss Wall showed her excellent executive ability when she was chairman of the Arrangements Committee for the New Orleans convention of the American Nurses' Association. No one ever did better in such an office.

EDITORIALS

September Meetings at Atlantic City

TO THE pessimist, conventions are much alike and some are even a bore. To the thoughtfully forward-looking, they present fascinating differences and each offers its quota of concrete suggestion for advancement. It is spirit—not outward form—that makes the difference and these Associations are demonstrating a true spiritual growth. The great gathering at Atlantic City the last week in September was composed of the American Hospital Association, American Protestant Hospital Association, the American Association of Hospital Social Workers, the American Occupational Therapy Association, the Hospital Dietetic Council, and the Children's Hospital Association of America.

The keynote of the programs, separate though the organizations are, was service to the patients. This year's distinctive emphasis, however, was on preparation and one caught over and over again among hospital administrators, among dietitians, and among occupational therapists, a thought that has long been familiar to nurses in relation to their own work, namely, how shall we raise our service to the professional level? How can we "upgrade" it? What shall be considered a sound preparation for work of a truly professional grade in our special field and how can it be secured? In the A. H. A., discussion centered around the report of the Central Committee on the Training of Hospital Executives from which we quote:

The Committee is deeply impressed with the need for a widespread educational and recruiting campaign setting forth in an intelligent and interesting manner, the opportunities for service through the new profession of hospital administration.

Marquette University, under the direction of Doctor Fitzpatrick, Dean of

the Medical School, as we stated last year, is as yet the only University with the set-up for these courses and the Association is putting the weight of its influence back of a plan to organize hospitals in a stated number of the larger centers throughout the country for teaching and field work.

The plans were heartily endorsed from the floor by representatives in hospital administration, of the clergy, of business men, and of the medical profession. Nurses alone were silent. Was this because they see themselves "fading out" of the picture of hospital administration or was it, perhaps, because nurses have so heartily subscribed to the principle of special courses for administrators of schools of nursing that they felt this newer movement required no additional demonstration? It is dangerous ever to assume that a virtue will be taken for granted. We recall Doctor Bachmeyer's eminently sane pronouncement to the effect that the hospital administrator must have and be something more than any one of the four groups mentioned if he or she is to function efficiently and in a thoroughly professional fashion in the field of hospital administration. Nurses long since proved themselves good hospital executives. Witness Doctor MacEachern's tribute to Emily A. Loveridge in *The Medical Sentinel* for June in which he gives high praise to that gracious pioneer of Oregon. It recalls the brilliant service of women like Mary L. Keith and Mary M. Riddle, both recently resigned. At the risk of being bromidic, we again sound the warning that she who rests on her laurels is already left behind!

Health Conservation

THE Public Health Nursing Association of Buffalo believes that a health conservation program should

apply to workers as well as to patients. This last summer all nurses who had served the Association for seven or more years were given two months' vacation—on salary. This Association always employs substitutes for the vacation months so the new plan merely meant extending this supplementary supply to cover a rather longer period than usual.

The nurses seized the opportunity with enthusiasm and some of the dreams of a lifetime have been fulfilled. It requires little imagination to visualize the effect on jaded nerves of eight weeks spent on horseback in Glacier National Park. California was the objective of one, Mexico of another. In other words, a two months' vacation permits complete change of scene and relaxation.

We often hear sad tales of "turn-over," of the restlessness of nurses, of their unwillingness to remain long in positions. An extremely valuable study by Doctor Burgess which will appear in our December issue shows a deplorable amount of drift in our schools of nursing.

This small demonstration by a public health nursing organization seems to point the way to real sabbatical leaves for nurses. The idea is not only humanitarian, it is economic, as such a plan might well be expected to reduce the time now tragically spent for sick leaves.

What the Journal Gives

"I WAS certainly surprised and delighted to be asked by the editor of our leading journal to tell informally of some of the things my thirty years of modest efforts in nursing have held. Why, I can't resist the temptation! It seems to me almost like a reward for all my perseverance and effort."

Such is the opening paragraph in a letter from one of our loyal friends which is full of the joy of work faithfully done. The letter left us feeling

very humble. Thirty years of varied service in and out of hospital and private duty! Fortunately, since she is still "going strong," it gave us a clue to another service we can render and that, in turn, set us thinking of the service our magazine has given that nurse and others like her through its twenty-six years.

As she moved from state to state, the Official Directory was at hand in case she wanted to inquire about registration laws or association officers. Four pages every month, and month after month, given to the nurses,—four pages of printing for a large circulation, cost what our colored handy man used to call "cash money."

Month by month she has known that the Relief Fund was "standing by," doubtless a comforting thought, although providentially not needed. She has known, too, of the Robb Scholarship and the McInaach Loan Funds. She has kept herself up to date through post-graduate courses advertised in the *Journal*.

The list of official registries to be found in the advertising pages, also, was established in order that a nurse might be sure of finding herself in safe hands should she apply to one of them. For her protection, the requirement is made that in order to appear in our columns the registry must be under the management of an association which is a member of the American Nurses' Association and the registrar must be on a salary.

These and many more are the services for which the magazine exists. Again we give thanks for the letters from splendid women whom we may never see but who are such a sturdy part of the warp of the profession and whose contribution to our professional magazine is beyond price. We like to think that its service too is beyond price to those with the discernment to make real use of it.

Do Nurses Want Annuities?

PPRIVATE duty nurses have for so long felt themselves to be the Cinderellas of the profession that, had they been "listening in" at a recent dinner given by the Harmon Foundation they would have doubted the evidence of their own ears. Said Mr. Harmon, in effect:

I have known many nurses and I am troubled about their economic problems, especially that of the relatively short working life of those in private duty.

The group about the table had been gathered from the ranks of social workers and economists and from among our most eminent nurses, for Miss Wald sat to the right of the host, Miss Nutting and Miss Goodrich to the left.

One after another rose to speak. Nurse after nurse affirmed the need for some generally applicable system of annuities or pensions. Invariably, although only too well aware of the need of her own associates, whether in institutional or public health nursing, she stressed the importance of also finding a way to help the private duty nurse. All conceded this to be a knotty problem, since no group insurance plan yet formulated has been applicable.

Mr. Harmon is a forthright person. His question was not, "How difficult it is?" but, "Do the nurses want it?" and he probably does not yet know how profoundly stirred those present were at the knowledge that somebody *really* cares enough to attack the problem in a completely unselfish fashion.

The project, which now goes to a committee for development, is this—the Foundation has no intention of making nurses the objects of charity. It does propose to set up machinery by means of which the whole problem can be studied and a feasible plan put into effect.

A start, only, has been made but with the "will to do" so characteristic of Mr. Harmon and his co-workers and with their driving force behind the project, we hope a plan, approved by the three national nursing organizations, which will be acceptable to nurses in all branches of nursing,—private duty, public health, or administrative positions, everywhere in this broad land, may in time be evolved.

In the meantime, let us offer thanks for the deep interest of such a man as Mr. Harmon.



"WHAT is my own philosophy of life? It is, in simple, merely this: to forget the miseries of the past and remember only its charm, to live the present to the limit of its utmost possibilities, and to view the future as one who has traveled romantically in a colorful far country views the skyline of his nearing homeland—with a sense of great content and slightly sad resignation."

GEORGE JEAN NATHAN.

Our Contributors

Anne A. Williamson, R.N., who is now Superintendent of the California Lutheran Hospital, saw service in the Spanish-American War and worked ardently for the Red Cross in the World War. She has long been associated with nursing in Southern California.

Dr. L. G. Beinhauer is Dermatologist to St. Joseph's Hospital, Pittsburgh, Pennsylvania, and graciously prepared the practical paper on the Use of Water, in lieu of a Commencement Address originally submitted by the Sisters.

Because nurses should influence hospital furnishings even more than they now do, Martha M. Russell, R.N., has put together for our readers some of the principles which she found useful in equipping the new University of Colorado Hospital and others.

Jean Pauline Egbert, R.N., hails from California, but she is a graduate of the Rochester General Hospital and, in addition to service in France, has worked in the Harrington Islands, Labrador.

Helen C. Williams, R.N., has had a wide experience. Among other things she has been Director of Nursing, New Hampshire State Hospital, and is now Principal of the School of Nursing, Buffalo State Hospital, Buffalo, N. Y.

Harriet M. Gillette, B.S., R.N., is a well known nursing school administrator of wide observation and experience.

Private Duty Nurses will have use for Miss Wood's "Food for Older People."

Dr. John H. Stokes continues his interesting discussion of Social Hygiene in this number.

We wonder if, when Cora E. Simpson, R.N., was a student nurse in the Methodist Hospital, Omaha, the staff dreamed of the renown she would bring her Alma Mater through her enthusiastic work as Secretary of the Nurses' Association of China?

Dr. Frank LeMoyné Hupp, President of the West Virginia Board of Examiners, is a constant and sympathetic student of all matters relating to the education of nurses.

Harriet L. P. Friend, R.N., B.S., takes a rich background of practical experience to her experiment in establishing a four-year course at Temple University, for she has gone over all the road of administration and

has left a lasting impress on the schools of Ohio and Missouri through her State Board work.

The contributors to the symposium on Forms of Government in Schools of Nursing are all familiar to *Journal* readers. It is to be noted that the schools represented are of very different types. Miss Clayton, Miss Gault and Miss Densford are all connected with schools in large municipal hospitals, Miss Lawler (Johns Hopkins Hospital) discusses it from the standpoint of the school in the university hospital, and Major Stimson from that of the school operating under the military control of the War Department. Marian Rottman is the energetic director of the school of nursing at Bellevue and her article is based on the study made in that school.



Emergency Set

IN all hospitals there is need for new and modern ideas in the emergency department. The getting together of supplies, instruments, suture material, and needles, all sterilized and ready for immediate use, is an important necessity.

The emergency room of the San Luis Sanitarium, San Luis Obispo, California, is equipped with such a tray, prepared in this way:

A muslin wrapper, large enough to cover the tray and equipped with tapes, is spread out and a white enamel developing tray of medium size is placed in its center. Then, with the use of sterile forceps, the tray is covered with a sterile towel, opened out, and the necessary supplies put in, which consist of gauze dressings and sponges of various sizes, applicators, towels, complete set of minor emergency instruments, including needle holder, skin needles and suture material.

The sterile towel which is used for lining the tray is then folded over these articles and the wrapper is folded over that and tied. It is then placed on a shelf in the emergency room and is ready for use at all times.



"The subjects or articles in each *Journal* seem to fall into my hands when most needed which has been a great help to me."

Illinois

F. C.

Department of Nursing Education

LAURA R. LOGAN, R.N., *Department Editor*

A Health Study in a Nursing School¹

BY MARIAN ROTTMAN, R.N.

A LOSS in nursing service of 4,878 days to the wards of our hospital in the last year brought to us, rather forcibly, a problem requiring immediate attention. After observation and study of the situation we formulated the problem into six parts:

1. How to reduce the amount of time lost through preventable ill.
2. How to stimulate in the student a regard for health.
3. How to teach personal hygiene that will function.
4. How to inaugurate preventive measures for pending ill.
5. How to stimulate proper mental attitudes.
6. How to teach health salesmanship.

It was evident that something was wrong somewhere and to set about its improvement was the problem of the moment.

An analysis was made of the existing conditions under which the students lived and worked. The factors analysed were:

1. The living conditions of the Nurses' Residence.
2. The bathing facilities.
3. Recreation and exercise.
4. Rest.
5. Hours of duty.
6. Food.
7. Clothing.
8. Personal health habits.
9. Health supervision.
10. Care and treatment when ill.
11. Instruction in personal hygiene.
12. Consideration of mental factors.

The first factor was dismissed as irrelevant inasmuch as practically every

student has her own room. Every room is an outside room with sunshine and plenty of fresh air. The second, the problem of bathing facilities, was not so easily dismissed. The ratio to students was 1 to 9 and obviously inadequate. The matter was immediately taken up and plans are under way now to remove four tubs of the twelve on each floor and replace them with eight showers. This will, no doubt, be a much better arrangement and more persons can be accommodated in a given time.

The Third, recreation and exercise, are well taken care of. A Social Director whose entire time is spent in the interest of the student body arranges teas, parties, musicales, theater parties, visits to interesting and historical places and assists them with their inter-class social affairs. The swimming pool attracts many who find recreation and pleasure after a strenuous day in the hospital.

The Fourth factor, rest, we found was not satisfactorily handled. Too many "late leaves" a week as a result of "student government" and too much activity in the Nurses' Residence at a late hour. It was decided to reorganize Student Government and during the period of reorganization to go back to Faculty Government and the old rules. This was done. One late leave a week, every student in her room at 10 p. m., and lights out at 10:30. As a result of this the house is quiet at 10 and an increased efficiency is noted by supervisors and head nurses. This is attributed directly to the increased hours of rest.

The Fifth factor, duty, was not

¹Read at the Annual Meeting of the National League of Nursing Education, Atlantic City, May, 19, 1926.

interfered with as an eight-hour day and a ten-hour night prevailed.

The Sixth factor, food, was found to need attention. Very often menus become institutionalized to the point of monotony. This we found to be the case. An entire new personnel was placed in the dietary department, from dietitian to cook. New menus were submitted, new receipts tried, and improvement was soon apparent. Plenty of fresh milk is provided and the students are urged to drink it. A morning lunch of cocoa or milk and biscuit was instituted through the hospital. Every nurse is encouraged to leave the ward for ten or fifteen minutes between 9:30 and 10:00 each morning and report to a central place in each pavilion where lunch is served.

The Seventh factor, clothing, was found to need some attention. Much of our trouble is of the ear, nose and throat, and our otolaryngologist believes much of it is due to the lack of proper head-dress. It is three blocks between our Home and some of the pavilions and in cold or stormy weather there is much exposure. Next winter we have planned an outdoor close fitting cap. A long cape is worn and serves well as a protection for wind and rain.

Personal health habits, the *Eighth*, and health supervision, the *Ninth* factors are given much time and thought. With the Preparatory Group that entered in the fall, a course in Personal Hygiene of 15 hours was launched. In November we were able to secure a well qualified health director and the course was revised and taken over by her. She has had her students keep daily health habit charts, monthly weight records and all students report to her when necessary. In this way much preventive work is being accomplished. Every Department in the Hospital has cooperated with the health service; X-ray, cardiographs, basal metabolism

tests, dental X-rays, etc., are made on the slightest indication. It has brought to light many things we have been able to remedy. Bad tonsils have been removed, attacks of rheumatism have disappeared, and again such serious conditions have been discovered as to send students home for an indefinite period and prevent, perhaps, a serious breakdown. No nurse is ever returned to duty excepting through the office of the health service. Every student admitted to the school must undergo a complete physical examination,—ear, eyes, nose, throat, chest, abdomen and feet. Where conditions are found that can be corrected, the student is advised and given instructions; histories are taken and the physical examination checked. We have come to the conclusion that statements made by the family physician mean very little. An advanced case of pulmonary tuberculosis was found in one of the preparatory students which proved so serious that we had to admit the student to the hospital, where she remained three months until she was able to be removed to a sanitarium. As rapidly as possible physicals are being done on the entire student body and henceforth they will be done yearly and oftener when necessary.

All students are urged and encouraged to report early symptoms at the office of the health director. At first, this was very difficult, but the students are cooperating more and more in this. One of the greatest problems is that of the affiliating student who waits until she is down and out before reporting. By the time she understands what we are trying to do and what we expect from her, she has completed her course, then a new group comes and we must begin all over again.

This year we have been able to offer, through the interest of a friend, a health award to be made next year. The idea is to encourage the students to promote

their own health and physical fitness to the highest possible extent during the student nurseship. We believe this can be done, now that a physical is on file for every student. Physicals and general fitness at the end of the year will determine the award. Hereafter, it will be made for the entire period of the course. I wish it to be understood that the award will not be made on the basis of the least loss of time. That, I think, would be detrimental to the cause we are trying to promote. We feel that if a student is well and physically fit there will be a minimum loss of time, but we do not lose sight of the fact that often two days off duty mean a gain of a week or more.

This year we have had psychological tests made on the class admitted. We came to the same conclusions without the test as we did after the psychologist had correlated her findings with ours. I am not yet thoroughly convinced of their value.

On admission to the School, and as soon as the physical examinations are complete and eliminations made on the findings, we make the Shick test and give the various prophylactic vaccines and sera. This we feel is very important. We have had upward of twenty cases of typhoid fever in the hospital all winter, and even with many Junior nurses on duty in the medical pavilion, we have had no infection.

We are very fortunate in having a man like Dr. Reginald Sayre interested in the foot troubles of our students. Examination of the feet means that every student has both feet examined minus shoes and stockings. They must expose the foot and leg to the knee, walk, stand and balance themselves and have a manipulative examination of the arch. In doubtful cases, X-rays are taken, but more often corrective exercises or special shoes are prescribed. We ask prospective students not to buy new

shoes until after the examination of the feet. We have a surprisingly small amount of foot trouble when one considers our long wards and hard polished floors. When corrective exercises are prescribed, the health director supervises the exercises.

A plan that we have worked out but have not yet been able to execute is the corrective individual diets. Just as soon as we get into our new infirmary, the new plan will begin operation. A small private dining room is located in the infirmary and all students needing special diets for specific reasons will be ordered to the infirmary dining room. The diets may be for obesity, underweight, constipation, or as ordered by the infirmary attending physician. The diet is planned by the nutrition instructor, whose sole responsibility outside of teaching is the infirmary dietary. These special diets are to be prepared by student nurses as part of their diet kitchen experience.

The new Infirmary is planned very much like a private floor in any hospital, but is located in the Nurses' Home. There are twelve beds and all cases excepting major surgical will be cared for here. Student nurses will receive this duty as part of their medical experience. During the month of March, when we had as many as forty-five nurses off duty at one time, a very definite contribution was made to the morale of the student body by having student nurses on duty there. As we have no private patients in our hospital, this duty approximates special duty on the private floor.

A salaried attending physician is in daily attendance at the Infirmary. During a recent epidemic, he gave many hours a day to the nurses. An arrangement has been made with the Medical Board whereby each chief of our four surgical divisions will take care of all surgery from the infirmary for a period

of three consecutive months. This we find a very satisfactory arrangement and we know that the best of surgery is available for our students. These cases are taken care of in the hospital until they can be transferred to the infirmary with perfect safety.

As previously stated, the health director teaches Personal Hygiene and follows the instruction with supervision.

Since undertaking this piece of work, we have tried to give as much consideration as possible to the mental factors involved. We have discovered students with a very definite neurosis, some with very well defined fears and others with a decided mental disqualification for the profession.

In the Second Semester of the first year we have placed Applied Psychology and Mental Hygiene. My experience has been in giving this subject in the First Semester, that there is a lack of background for application of the

principles as applied to the patients, and the Second Semester seems the earliest possible time to present this subject with any degree of success.

With the subject of Personal Hygiene, application is made of the principles of Social Hygiene. Throughout the entire course an effort is made to establish the ideals of social service. This we feel is fundamental to the spirit of nursing and service.

This program with the facilities and proper supervision of healthy social life should do much to promote the welfare and efficiency of our student body and accomplish our aim which is sixfold:

1. To reduce to a minimum the number of sick days.
2. To stimulate in the student nurse a regard for health.
3. To teach personal hygiene that will function.
4. To institute prophylactic treatment for imminent ill.
5. To stimulate proper mental attitudes and
6. To teach health salesmanship.

Forms of Government in Schools of Nursing¹

I. Introduction

By S. LILLIAN CLAYTON, R.N.

FIFTEEN years ago the form of government in our schools was practically the same in all, that of the faculty form. Although student government had been introduced into women's colleges in some places, no one considered it suitable for schools of nursing.

In 1917 we heard that a school in Canada and one or two in the United States were trying a modified form of student control. As realization grew that student government could be introduced into our schools without interfer-

ing with the faculty's great responsibility for human life on hospital wards, the idea gained ground, until today we find a great many states having one or several schools with some form of student government.

There is, therefore, cause to believe that there are many reasons both for and against self-government. If we look into these we find them to be much the same as exist among the peoples of nations, when they are considering self-rule. We must first consider what the members of the group want. What are the reasons for the desire expressed? Do they really understand the reasons for and against? Has the field, for

¹Read at the annual meeting of the National League of Nursing Education, Atlantic City, May 19, 1926.

which the student in the nursing school is being prepared, been considered in relation to the decision made? Has she considered that, with each successive step in the development of nursing, the nurse is placed more and more in touch with the large problems of social betterment? Has she really analyzed, with your help, the form of government during these three years which will best prepare her for the development of self-reliance and good judgment, if she is to assume these larger responsibilities? Does she realize that the individual woman, the individual group, as well as a nation must reach a certain degree of development before she can accept these responsibilities? What form of government will teach her to appreciate the need for government and to better understand coöperation? What form of government will best teach her that the orderly regulation of natural desires

struggling for expression is necessary for her to learn if she in turn is to be a teacher and a leader? What form of control is in the line of progress?

We believe the highest form of education is that which makes us the best citizens. There are three kinds of knowledge we want our students to have:

1. The knowledge that widens and develops, or the academic.
2. The special knowledge for special work, or the professional.
3. Is education in its real meaning, calling for the kind of preparation that will develop initiative, coöperation, leadership and intelligent obedience to authority?

Students, teachers and administrators are all responsible but how it can best be done will, we hope, be brought out in the discussion this morning, or at least much will be presented that will help answer the questions that are being presented by so many people.

II. Faculty Government in Schools of Nursing

BY ELSIE M. LAWLER, R.N.

IN this discussion of the different forms of government existing in our schools of nursing, I have been asked to sponsor faculty government. I am glad to take part, not because I am at all sure I can advance any new or compelling arguments, but because of my great interest in the question and my desire to add perhaps something to a solution of the problem. That it is a problem we all admit and likewise that upon the wise development of some form of government depend the happiness as well as ultimately the success of our schools.

May I say that I speak for the faculty government, not because I have had experience with the other forms and found them wanting, but because this is the only form in operation in the schools with which I have been connected.

It would seem to me that it is con-

ceivable that not all schools could be operated under the same form of government. The size of the student body, the age of the students, the requirements for admission, the size and consequent influence and example of a large graduate staff would all be factors that might affect results. In all schools, however, we must endeavor to build up a form of government that will safeguard the interests of the patients, the students and the institution in general and will also, in part at least, prepare the student to meet similar situations that may arise in her professional experience. It would seem then that student government would be the thing, and perhaps some day it will be, but are many of our schools ready for it now? To make this form a success, it cannot be introduced by the authorities of the school, but must come from the

students themselves. A majority of them, a large majority, must desire it. In fact, the desire must be almost unanimous if it is to be successful. Then we admit our students to the schools younger than we did, and should we ask each one the question, What do you mean by "government" and particularly "student government," how many would be ready to give an answer? Do we not all need to question ourselves, and do we not all sometimes say "self-government" when we mean "license" or "an absence of any form of government"?

Then, if the student body has not desired student government, there are two forms left, coöperative and faculty. The first of these would seem the more desirable, and the results would be attained that we consider essential from the standpoint of both the student and the institution. But as in the case of student government,—can this form be developed and operated successfully without the active interest of the student? Can we make them take over obligations and responsibilities of this sort if they lack the desire?

In the school with which I am connected, we have in operation a form of faculty government. Some years ago, a group of the students were interested in the question of student government and an effort was made to bring the student body to sponsor it. Much discussion among themselves and some class meetings were held, but not a large enough number wanted it to warrant putting it in. Some students stated that while they had participated in student government in college, they felt that life in the school of nursing was so different, they had responsibility while on duty with the patients, and did not want to undertake anything more. As a result of the discussion, it was suggested that a student council be formed and this was done. Each class has its own organization, and they elect, in addition to the

usual officers, two councillors from each class. They drew up a simple constitution and in it stated the purpose as follows: (1) To discuss with the Superintendent of nurses questions affecting the welfare of the student body; (2) To maintain the best possible understanding and coöperation between the officers of the institution and the student body regarding the methods and policy of the school. Provision was made for the election of the council members and the election of officers and provision (1) that the Council have monthly meetings with the Superintendent of Nurses; (2) that the Council members meet together each month before interviewing the Superintendent. This went into effect in 1922, and the meetings have been held monthly with few exceptions, except during the vacation months. They are held on a certain day of the month and at a definite hour. When they first started, we felt that here was our opportunity. We could surely get from this small group the reactions of the student body; and through them back to the students, decisions made and policies adopted. For example, when a regulation concerning late leave and permission to attend fraternity dances had to be made, the question was discussed with the Council. A ruling was drawn up that they felt was satisfactory, a copy of this was then given to each member of the Council and by them was taken back to the students, and it was not necessary for us to make any further announcement regarding the decision.

Again, when it was necessary to dismiss a student for very good reasons, the Council was called together and the whole situation put before them. The point was made that they were being told, not in order that unpleasant information might be spread, but that, if they knew the truth of the whole affair, they could correct any false statements

that might be made and explain any misunderstanding.

Again, when a rather serious problem had to be solved, the council was asked to meet with the faculty, and an effort was made to obtain an expression of opinion from each of them. The plans for the correction of the difficulty were developed with their assistance, and they were asked to take to the students the results of our deliberations; this they did.

Before the council meetings, the superintendent of nurses by conference with the various members of the staff gets ready any material she wishes to present. Points brought up by the students are taken up after the meeting with whatever department may be concerned.

We are convinced that this coming together of students and superintendents of nurses is a most valuable arrangement and most beneficial to both groups. For the student, it provides the means to bring forward any difficulty or grievance that may exist; in fact, it gives them the opportunity to express an opinion and offer criticism if they feel so disposed. Difficulties of ward assignment, poor arrangement of hours, difficulties in the home, complaints of food, telephone, mail service, etc., have been among the subjects discussed; and the superintendent has received a liberal education in the training it has meant to her to receive all these with equanimity. On the other hand, it provides the superintendent with the opportunity to discuss confidentially, but impersonally, difficulties that arise, penalties that must be exacted, to reply to the criticism and to explain many of the so-called difficulties, so that they no longer exist.

While we feel the arrangement is most valuable, yet we have not obtained from it all that we hoped, and that is a more active participation on the part of the students. We had hoped that we could

influence them to be of more real force, to have them by their class organizations control some of the situations that must now be settled by the faculty. I think our experience has been that the points they bring up for discussion are of lesser importance; concerning their comfort in the home, arrangements of hours and duties, etc., while the big problem concerning the welfare and development, both moral and professional, of the student they leave to us. For this reason, I feel that even a coöperative government must be a thing of slow growth, that if a group of students understands what is happening, know that they have opportunity always to state their case, have confidence in the faculty, they are not anxious to assume any obligations that can be avoided. Again, can we not by this method be of assistance to the students? The faculty members have had years of experience in meeting the varied problems of hospital and school. The students are young and untried, many with a limited conception of real responsibility, and up to this time they have given little thought to any but personal problems. To know why and how decisions are made, to be made to realize all that enters into the final disposition of a difficulty will surely help them and prepare them for their future work whether in hospital or outside. We who have learned many things by bitter experience are eager to pass on that experience to our students that they may cover the ground more quickly than we did. If we can do this, we shall surely help them to realize what real government is, whether in school or life, and to have a real respect for it.

The Constitution of the Student Council of the Johns Hopkins Hospital Training School for Nurses

I

(a) That the name be: The Student Council of the Johns Hopkins Hospital Training School for Nurses.

(b) Purpose: 1. To discuss with the

superintendent of nurses questions affecting the welfare of the student body.

2. To maintain the best possible understanding and coöperation between the officers of the institution and the student body regarding the methods and policy of the training school.

II

(a) That each group of students, as soon as accepted, elect one member to the council.

(b) That each class as soon as organized elect two members to the council.

(c) That the graduates remaining in the school until the fall elect one member to the council.

III

(a) That the officers shall consist of a chairman and a secretary.

(b) That in October of each year the council shall elect as chairman one of the two members representing the senior class and one of the remaining members as secretary.

IV

(a) That the council will meet together each month before interviewing the superintendent.

(b) That the council hold monthly meetings with the superintendent of nurses.

V

The Constitution may be amended by a three-fourths vote of a quorum of the senior and intermediate classes and a majority vote of the junior class.

III. Coöperative Government

By JULIA C. STIMSON, R.N.

I. *Meaning.* Organization of the administrative faculty and the student body to function as a unit in the military department for the best interests of the school and the hospital alike.

II. *Origin and Duration.* In 1918, special problems arose consequent to calling into the Medical Corps of the War Department enormous numbers of young women to serve as student nurses in the 30 or more base hospitals then in active operation. The problem has constantly remained, and its solution is determined in the evolution of a form of government not strictly under student control nor on the other hand under the military control, but rather a form combining selected and necessary elements of each to which the name coöperative has been applied.

III. *Reasons for Establishment.* 1. The Army School of Nursing is organized under the Medical Corps of the War Department, therefore, it is under such Army Regulations as may be authorized by the President of the United States, or under such regulations as may result therefrom.

2. The entire personnel of the Hos-

pital Center is under such military orders as may be issued by the S. G. O. or the C. O. of the Post, implicit obedience must be given to such orders.

3. The Graduate Nurse Corps and the Student Body are of practically equal numbers and work under the same conditions, and the two groups have much in common in social and recreational activities. Therefore, it would be impossible to set up a type of government in one group with marked points of divergence from that functioning in the other group.

4. The older students of the school, that is the members of the Senior and Intermediate Classes, are away for a period of 15 of the 24 months (in affiliation and on leave). The 9 months in residence are not in a consecutive period but in broken intervals. The result is self-evident, in that the emphasis on problems of government is devoted largely to interests of the preliminary and first year students.

IV. *Organization.* Student Body.

1. As soon as possible upon entrance into the school each class organizes and elects class officers. Class meetings are

called frequently and are presided over by the class officers. Any matter pertaining to class interests may come up.

2. Meetings of all the classes are called when matters come up relating to the whole school, as general social and athletic activities, publication of Annual, etc. Such meetings are presided over by the Senior class officers.

3. Cooperating Groups.

a. General Assembly of the entire school and graduate nurses wishing to attend are called by the Dean of the school on the first and third Thursdays of each month, the Dean presiding.

b. Individual conferences are held with the Dean, or any faculty member, whenever desired by any student or by the Dean or faculty members.

c. Class officers are called to faculty conference whenever necessary.

d. Faculty members attend class meetings only when invited by the stu-

dents and give such discussions as the students have themselves requested. It is believed that this gives the greatest amount of freedom for students.

e. Night nurse on duty in Quarters from 7 p. m. to 7 a. m.

f. Big Sister movement, started several years ago and meeting with marked success.

V. *Results.* 1. Students are free to control all activities pertaining to the student body, and working for their welfare.

2. The administrative faculty is free to control all problems relating to the administrative welfare of the school and hospital.

3. The form insures more complete self-government than is often found in institutions where the term self-government is more in the terminology itself than is found in the working out of the practical side.

IV. Student Government

By ALMA GAULT, R.N.

MY knowledge of student government is entirely of a practical nature rather than of an historical background. It would have been helpful, I believe, to have known something of the history of the beginnings of student government in other types of schools than our own. It is my impression that it was beginning to be fairly well established in some places about 25 or 30 years ago. My knowledge reaches back almost 15 years. I wish that we might have known the purpose in the minds of those persons who were interested in the beginning, for I believe it would help us today. My own thought is that their aim was to teach self-government, or self-control and poise. The classroom and laboratory, and we in the nursing profession may add the experience of the wards, furnish the facts and informa-

tion for the student, while self-government should be developing character.

Student government is a democracy and, like all democracies, is not perfect. A previous speaker has given a very strong argument for student government in her reference to the evolutions and revolutions through which it has gone. We find in history revolutions which were fought on battle-fields which accomplished nothing and we find others fought out, sometimes entirely bloodless, such as the industrial revolution, which puts us far ahead. That would seem to be one of the qualities of a strong democracy and the thing that may be happening in our student body today. It has three divisions, executive, judicial, and legislative. The first two, usually made up of the same individuals, is called a Council or some similar name.

The legislative branch is usually made up of the entire student body which may, if they wish, function through committees.

The types of activity are varied. I am reminded of an incident which occurred in a class studying community social service which I attended a short time ago. The teacher asked the students if they had any knowledge of the work of the state police. One student who held her hand higher than the rest, when asked to relate her experience, said she had been arrested for speeding. That seems to be the prevalent idea of student government, that it is merely to slow down the speed. That may be essential, but if we might give these students a larger view of possibilities and activities, we may help them at the same time to check the speeding.

In many schools student government takes charge of the classroom in providing an honor system that controls cheating of various kinds. This seems to be undergoing a considerable amount of fire at the present time. A newspaper account of a recent meeting of students from various normal schools, which was held in Philadelphia, indicates that they are laboring under similar difficulties and are wondering if the honor system can be made to work. It has been my own experience that it can, and while I do not know whether any schools for nurses have introduced it, it would seem possible to do so.

Student government usually cares for the social life in colleges or other types of schools. It may direct the entire social life on the campus or, as in the case of our great universities, reach over the entire town or city where the students may live. It is my impression that most of the activities in schools of nursing is of this type. In the Philadelphia General Hospital, this form of activity is given more attention than any other.

Perhaps the biggest field for student

government is promoting school spirit. The Big Sister movement which has been so well discussed by Major Stimson may be taken over by student government. Frolics and parties, school annuals, are expressions of student activity and serve to promote the school spirit. A study of parliamentary law with drills will do much towards teaching the student a respect for order, will give her poise and will help to prepare her to take her place in just such groups as this or in any group of workers in which she may find herself when student days are over. In fact, I believe it may help her on the ward today.

How may we apply these ideas that are being used in other schools to our schools of nursing? All of the principles would seem to be applicable to student nurses who need the poise and self-control that may be derived from them. The method should be adapted to each school to suit the peculiar problems of that school. Just as the university, the small coeducational college, and women's college differ in their respective problems, so do schools for nurses differ from the college and from each other. The important thing to do is to start with the thing for which the students are ready. Develop that and proceed to other problems. Some of the things that our own school has found possible to do have been sending flowers to the sick and otherwise looking to the needs of the sick students, organizing a glee club and dramatic club.

The problems that arise are very real. Perhaps the greatest is to make the students feel that the government is *theirs*. It may tend to become a government of the many by the few—an aristocracy rather than a democracy—there it has the greatest danger. After all isn't that the thing that is true in all forms of democracy? Look at our city, state and national governments. Do we not see a lack of the realization that the

government belongs to the people in the apathy of election time and the lack of interest in civic problem?

Another problem is to develop a sense of responsibility in the student for others. To help her realize that she owes something to other students and to her school, is a difficult problem which takes a great deal of wisdom to solve. To have student government, it must be government by the students. But more than that they must feel that there is a sympathetic faculty with them and back of them. In conversation with a graduate nurse regarding what she considered the failure of student govern-

ment in her own school, she said that she felt it was largely due to the opposition which they constantly met from the faculty. Government by the students was constantly being threatened by the faculty as punishment for this or that.

The question in your minds, I am sure, is: "Do the student nurses break rules?" May I answer that question by asking another, "Do the students break rules under faculty government?" The question that we should be asking is, "Are the students building character, attaining poise? If not, why not?" May I leave these questions with you for I am sure you can answer them far better than I.

V. Student Government in Schools of Nursing

BY KATHARINE J. DENSFORD, A.M., R.N.

SHOULD we have student government among student nurses?

The question can best be answered by another: What is the intrinsic principle at the basis of government among student nurses?

It seems to me that this intrinsic principle can best be understood by comparing the government among student nurses with that in the well ordered home. They are essentially alike. In the one case the parents decide upon matters of policy, they determine what they wish the home to stand for; in the other, the administrative staff and the faculty of the school of nursing make similar decisions for the school. As we read in the lives of children from the home the spirit and policy of that home, so we read in the actions of student nurses the spirit and policy of the school of nursing executives.

The degree of self-government implied in the ideal conduct of either institution can be perhaps best shown by an illustration of the way it is being worked out in a home in which I was recently a

guest. A ruling in this home was that bedtime for the children was nine o'clock. One evening a delightful social affair was in progress, with a good time for everybody prevailing, but at the stroke of nine, the children, without a word of complaint or an instant of delay, left the gayety for their unwelcome, prosaic beds. In the same family, however, at dinner the next day, these same children expressed themselves freely and strongly upon a subject under discussion at table, although their opinions were opposed to that of parents and guest, the parents concurring with and encouraging this independence of thought and spirit.

That such cultivation of power for self-government is essential in the case of student nurses does not admit of question. Nurses go out to fill their places in communities, to be citizens as well as nurses. The capacity for independent action, the moral standing upon one's own feet implied in the ideal of self-government is for this reason a vital element in their training, just as it is a vital element in the home.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

Problem V.

TWO nurses are on a case, Miss A. and Miss B. The latter was the second nurse called. The patient improved and needed only one nurse and asked Miss B. to stay. Miss B. came to the training-school office to ask what she should do.

How should this situation be handled?

Proposed solution: The case should naturally go to the nurse who was first on the case; however, where there is a decided choice, the wish of the patient should be respected, especially if it is a very sensitive patient whose happiness and mental attitude depend on being satisfied. The principal or assistant should talk the matter over with the patient and satisfy herself as to the situation, and determine whether it is a matter of personality or of efficiency. She can then intelligently take up the matter with Miss A. and tell her the patient's request, being careful to say (if it is the case), that this is in no way a reflection on her work but simply a matter of differences in personalities. This is apt to happen, and Miss A. should be told that it is sometimes wise to humor a patient as it will lead to a much happier relationship for all concerned. If, on the other hand, the fault is with Miss A.'s efficiency, it can be pointed out to her as a lesson which should stimulate her to do better work.

Problem VI.

A SECOND-YEAR student, Miss A., was entertaining a male friend in the reception room of the Nurses' Home. This room was a means of communication between the main entrance and the other living rooms of the home. It was not shut off from them in any way and during the evenings was brilliantly lighted by a couple of central lights. There were no other occupants of the reception room that evening, so Miss A. extinguished the brighter lights and used, instead, a small standard table lamp, which with the light from the wood fire burning in the grate, gave a pleasantly subdued tone to the room. Before the fireplace was a large couch and upon this sat Miss A. and her friend. Suddenly the lights all blazed forth and the very angry voice of the Superintendent of Nurses exclaimed: "Miss A. you are the boldest nurse in the school; see me in my

office at once!" The form of punishment meted out to Miss A., after being subjected to a very severe reprimand, was the loss of her half day for a month. She refused to be subjected to such tyranny, and left the school within a few days, in spite of every attempt on the part of the Superintendent to prevent her from doing so. Miss A. was a student of exceptionally good quality and fine moral character, who stood high in the esteem of her fellow workers. The feeling in the school ran high in her favor and the student nurses planned to demand a recognition of Miss A.'s period of training spent in their school, which would enable her to complete the allotted time in some other institution, but they were not organized sufficiently to carry through such a plan. The revolt was quietly suppressed and punishments of varying severity were inflicted upon the ringleaders for daring to question the mandate of their superintendent.

Answer.—The relation between the superintendent of nurses and the student body seems to have been a most unfortunate one and it is difficult to excuse or condone such discourteous and arbitrary behavior on the part of the director of a school. All members of the faculty of a school of nursing should endeavor to demonstrate by their personal conduct those courtesies of manner and of speech that give an atmosphere of refinement to an institution and the lack of which so often means a monitory system which is hard and cold, and all too often shot through with disinterest. Such attitudes not only influence the off-duty time of students, they leave an ineradicable impress on character. Such an atmosphere inevitably affects the patients and leads to their mental discomfort if not to actual unhappiness.



The Value of Play

"PLAY may not hold so high a place in divine economy, but it has as legitimate a place as prayer. It is the agency which keeps alive and in healthy activity those faculties and sympathies which work fails to use or helps to repress. It is the conservator of mental, moral and physical health."

J. G. HOLLAND.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*

Director, Nursing Service, American Red Cross

Florida Hurricane Disaster

DEVASTATING winds have yet once more come out of the night with paralyzing suddenness to leave behind a trail of death and disaster in a part of the United States. Blowing at 130 miles an hour, a hurricane swathed Miami, Florida, and a fifty mile stretch of territory in Dade, Brownard and Palm Beach Counties as far as Pomona on the north, on Saturday, September 18. Torrential rain fell at the same time, causing floods. Beginning at two in the morning, a lull in the storm drew out people at 6:30, to their doom.

The hurricane rose again with more appalling force, sweeping them off their feet, battering them against falling buildings, crashing in great plate glass windows like eggshells and whirling all kinds of debris aloft in maniacal fury.

Wind-piled-up water added to the horror. Such a tidal wave poured into Miami beach from the east and from Biscayne Bay on the west. Craft in the harbor were borne aloft on the crest, to be crashed on to the boulevards, leaving great holes in the road when the water receded which were the peril of swift-moving ambulances later.

In Sebring, some fifty miles from the coast, the levee holding Lake Okeechobee broke in three places in the gale, water pouring into the town to a depth of twelve feet. Altogether six towns were devastated.

The news reached the outside world in the early hours of Sunday morning. National Headquarters instantaneously set its disaster relief machinery in motion. Chapters in the large southern cities were wired to send relief supplies into Miami and the stricken area. James L. Fieser, Vice Chairman of Domestic

Operations, who was at Montgomery, Alabama, left for Florida. Henry M. Baker, Director of Disaster Relief, then in Kansas supervising relief after the floods there, at once took train for Memphis where an airplane provided by the War Department waited. Dr. William R. Redden, Medical Adviser to the Vice Chairman, with other workers, caught the first train from Washington southward.

Mrs. Charlotte M. Heilman, nursing field supervisor for Florida, who was on vacation at Sandy Springs, Maryland, was directed by wire back to her territory. She was quickly followed by Jane Van De Vrede, former director of nursing in the old Southern Division, who was at her home in Atlanta, Georgia. Olive Chapman, now a veteran disaster worker, as she directed nursing activities in the great Tri-state Disaster of March, 1925, communicated with National Headquarters from where she was in New York City, and then went south.

Mrs. Byrtene C. Anderson, chairman of the Florida State Committee on Red Cross Nursing Service and a member of the nursing department, Florida State Board of Health, who was in West Palm Beach on Sunday, when the news filtered through, sent wires to the chairmen of the local committees asking them to line up their nurses in readiness. She then went to the Red Cross office and assisted in getting the relief train off. A midnight call for nurses at Fort Lauderdale took her there on that very train where Dr. Maxwell, Medical Director, asked her to take over the supervision of the nursing service. Duty was practically continuous from Sunday to the following Wednesday.

While the Director of Red Cross

Nursing Service was wiring all of her nursing committees in Florida and adjacent cities to have groups of nurses in readiness to proceed, telegrams began to pour into National Headquarters from nurses all over the United States volunteering their services, many without compensation. Erstwhile quiet, in the marble halls and adjacent rooms at Headquarters, changed into scenes of intense activity, comparable only with World War days.

Into a Miami lacking light, gas, power, food and drinking water, a relief train soon sped. It had on board fifteen doctors, nurses, provisions, medicine, supplies and two cars of drinking water. Bread lines were formed in charge of the Red Cross in the devastated district of Miami as well as in Hollywood and Hialeah, giving on Monday the first nourishing food and drink since Saturday. Other relief trains followed.

Wires to National Headquarters indicated that the most urgent necessities were doctors, nurses, tents, cots, bedding, food, medical supplies and light weight clothing. All relief supplies were conveyed by the railroads free of charge and the telegraph companies, deluged with messages to and from anxious relatives, gave the right of way to Red Cross telegrams.

Dr. Redden, making a rapid survey in the stricken territory, estimated 4,000 injured, one thousand seriously. Some 400 people were killed. He reported 500 cases of major fracture, and many cases of skull fractures and lesser fractures. He requested that 500 Thomas splints be sent immediately.

First reports to Miss Noyes indicated that the nursing situation was well covered; there are about 350 enrolled Red Cross nurses in Florida. Several days elapsed before definite information could be secured. The extent of the damage then demonstrated to the Director the importance of adequate supplies of

nurses. In addition to nurses already on the spot, Savannah sent 26, Atlanta 20, Birmingham 17, Nashville 10, Augusta 4, Montgomery 3 and Charleston 2, following an appeal to the Nursing Committees. The character of the disaster, which determines the type of nurse needed—in this case hurricane and flood—called for nurses with good surgical experience and others with public health training for the inevitable sanitary work following the receding waters.

Six Red Cross public health nurses were sent in as supervisors of the zones into which the disaster area has been divided: Rose M. Schaub with a background of Red Cross experience in Europe and this country, Porto Rico and Indian reservations; Frances McQuaide who has worked largely with great groups of refugees in Greece, Poland and Constantinople; Alice M. Dugger, Nursing Field Supervisor for Virginia; Maude H. Hall of Washington, Marion Kirkcaldy of Chicago and Ruth Adams of Philadelphia, sent by the Visiting Nurses' Associations of those three towns, who lent them for this purpose.

Working day and night caring for the injured, and taking precautions against epidemics, nurses have had no time as yet to make reports. Definite information is therefore not available on the number of temporary hospitals and first aid stations. One hospital in Miami, it is reported, had over a thousand patients. Many of the people are said to be suffering from severe infection of the feet, due to standing so long in water, of a kind similar to the "trench foot" of war days.

Dr. Redden reported that 22 infected wells had been discovered and there was a case of typhoid. He wired William K. Fortune, Chairman of the Indianapolis Chapter, for 5,000 units of typhoid serum, as well as surgical supplies he knew to be there, to be sent by airplane. Mr. Fortune called Judge Payne by long

distance at 2:30 Thursday morning, the twenty-third, saying that Captain Cook and Captain Moore would be ready to leave Schoen Field at dawn if the War Department gave the necessary authority. Major General J. L. Hines, Chief of Staff of the Army at Fort Myer, was communicated with. Within half an hour of hearing of the serious danger of an epidemic, that some of the serum on hand in Florida was not in condition to use, and that it was essential a supply be available Thursday, General Hines had wired General Aultman at Fort Benjamin Harrison. An army airplane, flying for the Red Cross, left at 5:29 a. m., Central Time, for Florida, Captain Cook at the controls.

In addition to the serum, it carried Thomas splints, wire splints, syringes, hypodermic needles, assorted, straight and curved surgical needles, clinical thermometers and bandages.

Another 5,000 units of typhoid serum were shipped by the Indianapolis Chapter to Jacksonville by rail, with the fastest handling possible, on September 25 at the request of National Headquarters.

The personal survey of Henry M. Baker, Director of Disaster Relief, indicates a total of 4,700 homes completely destroyed and 9,250 homes damaged, with devastation worse than in the mid-western tornado disaster last year. A list follows:

	Destroyed	Damaged
Miami -----	2,000	3,000
Ojus -----	400	500
Hollywood -----	1,000	2,000
Fort Lauderdale --	1,200	3,600
Pompano -----	100	150
Davey -----	125	
	<hr/> 4,700	<hr/> 9,250

Every home in the town of Davey was destroyed.

Refugees began arriving in Washington on Friday, September 24. The Travelers' Aid Society assisted the Dis-

trict of Columbia Chapter of the Red Cross. Meals were given at near-by hotels and restaurants, transportation purchased and telegrams sent in an attempt to locate relatives. A canteen service was established with two canteen workers to provide food Saturday and Sunday, September 25-6, for the refugees arriving from the hurricane zone.

Similar service was given refugees on the trains in West Palm Beach and Jacksonville.

Now that the period of emergency work is over, the longer stage of rehabilitation has been begun. All relief work has been placed under the American Red Cross. One hundred trained disaster workers, listed with the Red Cross for Disaster Relief work, have reported for duty and have been assigned to the various areas.

It is estimated that \$5,000,000 will be required for relief work. President Coolidge, in a proclamation, urged that contributions be sent to the American Red Cross or local Chapters for this purpose. Funds are being subscribed much more slowly than in the case of the Japanese disaster. At the moment of writing, just over \$3,000,000 has been received. Florida reports, in an anxiety to reestablish the hotel and tourist business, have been minimizing the losses with consequent misfortune to the poor people whose homes, less firmly constructed than the houses of the wealthy, have been destroyed, taking with them the savings of a lifetime.

Actual reports from Red Cross workers on the ground show that 18,000 families are impoverished. As always, the Red Cross aim is to give every family needing relief adequate assistance based on *actual* necessity so that they will be rehabilitated. All relief funds go to the aid of disaster victims, the American Red Cross bearing the expense of administering the fund, in addition to its contribution of \$100,000 to it.

Enrollment Preparedness

SUCH a major disaster as this and the ones in the Midwest in 1925 and in Ohio in 1924, show the great need of maintaining a large enrollment of nurses. Nurses frequently postpone enrolling, saying, "Well, when we are needed, we will enroll." They forget it takes time to complete the essential formalities to preserve the standards of the Red Cross Nursing Service. Its value lies in its preparedness. Those nurses who put off enrolling until the moment they are required, are like the man in the old adage who was careful to lock the stable door after his horse had been stolen.

To wait to apply for enrollment until the country is in the grip of a terrible disaster and every energy is needed to ameliorate suffering, indicates a thoughtlessness that borders on selfishness. Red Cross nursing heads, instead of being free to concentrate on disaster relief, are invariably asked at these times to evaluate the papers of nurses applying to be enrolled because of the emergency.

Beyond any group, nurses are taught from the moment they enter a training school to anticipate dangers and the needs of the sick. In circumstances such as those indicated, the same faculty is needed. Nurses ought to anticipate the importance of being in line for service before the necessity actually develops.

Readiness through Roll Call

ONCE more the question of Roll Call is before the country. This annual event begins on Armistice Day, November 11, and concludes on Thanksgiving, November 25. Its membership, alone, enables the American Red Cross to act in disaster in behalf of the whole American people. Because the campaign is primarily for membership, the dollar subscription is the popular one. Of this, fifty cents are retained by the Chapter, through which the member joins, for work in the local area, and

fifty cents are sent to National Headquarters for national and international work. Without such a fund the Red Cross could not move into the field of disaster, could not render assistance instantaneously, could not make any contribution to relief funds to help sorely stricken people.

Imagine what this would have meant to Florida. But instead, nurses have the actual picture of what was done. Like other patriotic Americans to whom the welfare of their country means everything they must want to enroll as general members. It puts a great organization in line for service wherever there is great need. Through it each, individually, is assisting. Perhaps only those who have been through great disasters realize what such aid means. It is significant, by the way, that every area where there has been a major disaster in the past decade or so has made a point of contributing to Florida because *they know* what Red Cross disaster relief means.

Surely every member of any nursing committee whatsoever, every enrolled Red Cross nurse (it costs nothing to enroll in the Red Cross Nursing Service and badge and card are supplied gratuitously), every member of an alumnae association, every student nurse, in fact every nurse wherever she is and whatever she is doing, will wish to enroll in the general membership of the American Red Cross and share in its great service that knows no distinction of race or creed or sex.



Out of the Mail Bag

ALTHOUGH out of active work since 1900, the *Journal* was always a help to me to keep abreast with our profession; I am now back in active work after a recess of 26 years, but I find a thorough training is never forgotten."

New York

B. C. W.

Student Nurses' Page

Why I Took up Nursing as My Profession

BY JEAN CAHILL

St. Francis' Hospital, Hartford, Conn.

THE serious business of a child is play" and "as a child plays, so later will he work." Both these quotations bear out in my life the truth, for as a small child, my dolls were always having measles, scarlet fever, diphtheria and whooping cough. Once, one even had appendicitis, and of course had to go to a hospital. I was the trained nurse in charge of the case.

As the years went on and I passed from the doll stage, I began to think about really being a nurse—the romance, perhaps appealed to me. I pictured myself smoothing pillows to make the patient comfortable and carrying trays of delicacies to make them happy.

While at the convent, I had a confidential talk with a very dear friend, a nurse. She listened sympathetically un-

til I had finished, then put my romantic ideas into plain facts.

Instead of carrying trays and smoothing pillows, I was washing floors and observing operations. Life and death were actual happenings which I would have to take part in, and the life of a nurse was strenuous labor—but the satisfaction of labor well done could always be a well worth pleasure.

The noble profession appealed to me more than it had before. I continually thought of myself as a nurse in training.

I have learned the great advantage of being in a good hospital where one learns thoroughness, and has only lofty ideals inculcated, so they may carry on into life.

To be a student of life and to bring some usefulness and cheer into the lives of others, are my primary reasons for taking up nursing as a profession.

The Gossiping Nurse

BY ANNETTE McCLANAHAN

Jewish Hospital, Louisville, Kentucky

IT is a very true statement that people talk too much for their own good and the good of others around them. We take the nurse as an example. Upon entering training school she is not long in learning the chief topic of conversation. Head nurses, doctors, and student nurses find, as their mealtime talk, before and after meals, the patients and their affairs. Soon she takes up the thread of talk and becomes a gossip, not

only of the patients' affairs, but those of her classmates as well.

What right has she to talk about things she can know so little about? It does not, as a rule, hurt the patient or the classmate, because the gossip is generally not malicious but just idle talk.

It is the *gossip* who is injured, if she lets the habit take root and grow in her life. The habit should be stamped out.

Let the student nurse broaden her view of life by associating as much as possible with things and people outside her sphere of work.

If a nurse would think whether the thing was worth saying, worth the en-

ergy, and if she would feel hurt to be so spoken of, she would be less likely to do so much idle gossiping.

"The stars my camp, the Deity my light," to my mind, if lived by each girl would help over the idle hard times.

Questions and Answers

The editors will welcome questions and will endeavor to secure authoritative answers for them.

21. What are the causes of large quantities of mucus in the stools and what is the accepted treatment?

Answer.—The presence of mucus indicates irritation or inflammation of the mucous lining of the intestine either large or small. The inflammation may be due to one of several causes. According to Harmer, "Principles and Practice of Nursing," "When the inflammation is in the small intestine, where digestion and peristalsis are active, the mucus will be mixed with the stool. When the inflammation is in the colon, the mucus will be on the surface of the stool. In some forms of inflammation, as in dysentery, the stool may consist of nothing but blood and mucus."

Mucous colitis is one of the conditions characterized by the passage of masses of mucus and paroxysms of abdominal pain. According to Stevens, "it is met with particularly in nervous, neurasthenic or hysterical individuals who suffer from indigestion or constipation. In some cases it is secondary to organic disease of the bowel, as chronic appendicitis, tumor, or stricture."

The nurse may expect orders for a liberal solid rather than liquid and irritating diet. Mild laxatives, as castor oil, or liquid petrolatum; colonic irrigations several times a week with a solution of sodium bicarbonate (1 dram to 1 quart), or high injections of warm oil may be ordered.



Meet the Hospital Poets

YOUR 1926 Calendar is almost out, but don't worry!

A newer and better Calendar, worthy of the best 1927 can offer you, is here in the "Hospital in Poetry" Calendar of the National League of Nursing Education.

It will make you laugh again at the humor of your days as a student nurse and will show you in a new guise the poetry and beauty that you and others have seen in hospitals.

Robert Louis Stevenson, Robert H. Schaufli, Arthur Guiterman and many others are among the poets found in the Calendar pages, and the frontispiece by Anna Milo Upjohn and the fourteen illustrations by Bennett-Runyon have a message more potent than print.

Christmas and New Year are coming pell mell, and the time is short. Order your Calendars now from the League Headquarters, 370 Seventh Avenue, New York City. The price is \$1 per single copy, 75c per copy on all orders of 50 or over delivered in one shipment.

Membership Card, National League of Nursing Education

A NUMBER of inquiries are being received concerning the membership card formerly issued on payment of current dues, by the National League of Nursing Education. This card has been discontinued and in its place has been substituted a blue receipt form which is sent to individual members, acknowledging money received and the annual dues covered.

MARIAN ROTTMAN,
Treas., National League of Nursing Education.



Attainment of Peace

A VIRILE, virtuous, and adventurous peace! And to attain this freedom, your narrow materialistic patriotisms, loyalties and ambitions must merge—not disappear, for men must not become stagnant—but merge into the larger loyalties, the wider moralities and the higher processes of the unitary development of man."

—WEGGAM, "The New Decalogue of Science."

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

Benefits from the Biennial Convention

NEVER before have I derived such great benefits from my *Journal* as now. Since attending the Convention, at Atlantic City it has become a living object to me.

Through the pages of the *Journal*, I have been acquainted with the leaders of the nursing field for years, and at the convention I had the pleasure of meeting them and the privilege of listening to their addresses, full of idealistic spirituality, and as they say here, "pep." It was delightful to hear Miss Sally Johnson, who rivals even Dr. Vincent in her sarcasm; to hear Miss Hall's discourse on idealism, equalling that of Professor Burgess at Teachers College, and portraying the highest type of womanhood.

Another great benefit was the opportunity to interest many leaders of the nursing world in our newly incorporated society, the German Graduate Nurses' Society, Inc. The aim of our society is to impress upon foreign nurses the necessity of being registered; to recommend that they take postgraduate courses and exchange professional experiences.

The splendid theoretical training obtained in the American schools, added to the thorough technical training and the deep inner consciousness for the sick, as such, secured in the German schools, tend to give the type of nurses we desire to find all over the world.

It gave me great satisfaction to advise the superintendents from the various cities that through our society they may secure information concerning the qualifications of nurses who may apply to them for positions.

New York

V. A.

Homes for Aged Nurses

I.

MAY I add a word to the discussion? To my mind there exists a need for something of the kind, but I do not think that need so great as to warrant a home in each state, neither do I think that a national home would meet the need, as few people like to be separated too widely from the scenes of their active lives. Why not sectional homes? A group of states having similar climatic and other natural characteristics might unite and establish a home in some central

location. It would seem that such an undertaking need not be a great financial burden, for after the initial expense, the Home, with proper management, could be made self-supporting. Very few nurses are destitute; with most of them, the fear is of loneliness, rather than poverty, in old age, and most of those wishing to enter such a home would be able to make some financial contribution to its support. Other possibilities of income suggest themselves.

Wisconsin

H. W. K.

II.

The letters on "A Home for Aged Nurses" interest me greatly. While I am not as yet incapacitated, thirty or more years of continuous service make me realize I must retire soon, and a nurses' home, conducted by nurses, appeals to me greatly. I would certainly be glad to give encouragement financially to a limited extent and otherwise when the project is planned.

Michigan

H. H. C.

III.

While not yet on the retired list, myself, though I may be in the near future, I would feel happy to know that I might be placed among a few fellow nurses in their home, to spend this last span of years, instead of knocking about from pillar to post, as it were, with folks that expect work and more work and possibly the hint that they are doing this out of charity. With a small sum, say fifteen dollars per month, toward expenses, and a willingness to help with the garden, or kitchen, a few hours each day, don't you think ten nurses could buy their Home, in two or three years? The garden would partly supply vegetables and assisting with the servant's duties, save an additional expense. Monthly payments, like rent, would be made on the purchase of the home which, not large as a beginning, could be enlarged as we got in new members. A rural cottage, five miles from the city, would be both quiet and economical.

Should any Louisiana nurse be interested to begin now on the purchase of this home for our crowd, let me know, as we are not too young to begin at once so we can settle down comfortably by 1950, or sooner.

P. O. Box 1702
Shreveport, La.

Mrs. K. E. S.

IV

After reading a letter in the September *Journal*, I wrote immediately to several of our members of the association of which I am a member, that "dreams do come true." The registrar wrote me she had been thinking about it and my letter gave her courage to speak. Others wrote it was a good thing and they hoped to see it. Now, why wait five years to start a worthy project? Couldn't each local organization discuss it and then take it to their district or state meetings, so that by the next A. N. A. meeting all would have an opinion formed and would know what they want? Then a committee of investigation of plans, methods and location could be appointed. In Colorado Springs there is the Stratton Home for old people and children that is excellent; the Printers' Home is also there, but all in one large building. Colorado Springs is central and I believe a committee would go no farther after seeing its beautiful foot-hills. I feel sure the older nurses would gladly give the five-years' dues at once to get it under way. The comfort of a home in old age and helplessness is blessedness—another way of doing unto others and giving a cup of cold water.

Missouri

M. A. P.

Twelve-hour Duty

SOME reasons why one private duty nurse of several years' experience, dislikes it.

1. Twelve hours, unrelieved by rest, is too long to spend with any not acutely ill person.
2. When the patient is seriously ill, twelve hours is too long and fatiguing a stretch of duty.
3. The nurse may spend from one to four hours getting to and from the hospital or home of her patient.
4. Often the night nurse must buy for herself one meal during the day.
5. Day duty excludes the nurse from enjoyment of the sunny hours.
6. After twelve hours of hard day duty, she is too tired by 8 p. m. for social relaxation. In winter, her travelling at both ends of the day must be in the dark.
7. In a hospital, the nurse feels unneeded with the convalescent patient during the visiting hours.
8. Twenty-hour duty, with the moderately-ill patient, where a nurse can average seven hours of sleep, even if disturbed a few times, seems preferable to either all-day or all-night duty. The four hours she has to herself, away from the patient, seem doubly precious if taken in the daytime.
9. The matter of pay is important. The nurse must put in her best efforts and strength for her patient in the twelve hours,

but she can earn more and get more for twenty hours, if her patient's condition warrants such service. 10. The cost to the patient for two nurses is a vitally important part of the question also.

M. S.

A Registrar's Solution

I HAD an opportunity to try a little experiment on the 1926 class from the School of Nursing. One member of the class came from my home town and through her I learned to know most of the girls in her class; they often ran in to spend an evening with me. I have always maintained that the young women of today are as filled with the desire to serve as young women ever were, they just use a little more common sense about it. The trouble many times starts in the school, the hospital is a busy place and not much time is given to preparing student nurses for private duty in the rural homes or in making them see that, if they choose private duty, they must take all calls or fall short of the high standard set by the profession. We talked these things over and when the girls came to register for private duty, not one of them registered against rural calls. They go any time, either day or night, and will go any place and take anything. Of course I have had splendid reports of their work. One finds she does not like private duty and is going to do hospital work but while doing private duty she never complained and did good work wherever she went. The Director of the school is stressing private duty more and more for her students, not as a life work, but she advises them to do it for a time and to take all calls. She often asks for a report of her graduates and if we have one not doing good work, many times she can help us by telling us just what the student's weak points were in school. I really feel that these young women are enjoying their work far more than the nurses who refuse home work; they are making friends and have the satisfaction of knowing that they are doing a good work. A nurse out of school is not a finished nurse and she needs someone to "report to," as one of the nurses said, also she will make a greater effort if she knows her superintendent is interested. I give the nurses all the "bouquets" I get for them; they need it.

R. N.

Journals on Hand

[In writing to persons having *Journals* on hand, be sure to include money for postage, at the rate of nine cents for each magazine, if

only a few are wanted, or arrange to have the copies sent by express, C.O.D.]

Laura M. Grant, The Lakeside Hospital, Cleveland, Ohio: Odd numbers from December, 1901, to January, 1926.

Gertrude E. Seldon, Brandon, Vt., complete volumes for 1913, 1914, 1915; and odd numbers for 1910, 1911, 1912.

Edith May Lord, R. F. D. 2, South Berwick, Maine, all numbers from 1914 on.

L. F. Philbrook, Librarian, McLean Hospital, Waverly, Mass.: Scattering numbers for the following years,—1904, 1905, 1908, 1909, 1910, 1915, 1916, 1917, 1918, 1919, 1922, 1924.

H. E. MacAfee, 9 Forest Street, Newton Highlands, Mass.: Odd numbers for 1903, 1905, 1908, 1909 complete, 1910-1913.

Ida E. Shattuck, Pepperell, Mass., has Journals for 1901, June through December.



Too Late for Classification

Maryland State Meeting

THE regular fall meeting of the Maryland State Nurses' Association will be held in Oiler Hall, Baltimore, on Wednesday, November 3, at 8 p. m. Clara D. Noyes, National Director, Nursing Service, American Red Cross, will be the speaker, on The Red Cross Nurse in Disaster. An opportunity will be given to the nurses to enroll at this time, as Red Cross nurses. Members of the Senior classes of the schools of nursing will be invited to be present. After the meeting refreshments will be served, as has been the custom for the last few years.



The Journal's Book Department

ORDERS for books have been received, January 1 to October 15, this year, from every state in the Union except Delaware, Nevada and Utah (and an order is pending from Utah), also from nineteen foreign countries: Australia, Bahamas, Brazil, Canada (several provinces), Canal Zone, China, Cuba, Esthonia, Hawaii, India, Japan, Nova Scotia, Persia, Peru, Siamese Government, Switzerland, Turkey, West Africa, West Indies.



The Journal for Christmas

IT isn't too soon to plan for giving one or more *Journal* subscriptions as Christmas gifts. A new plan will be followed this year, when desired. For all subscriptions received as gifts before December 10, a copy of the

December *Journal* will be mailed with a "Do not open" label on the outside. So your friend will have the package to open on Christmas Day, itself.

Do not forget the Relief Fund nurses. 120 subscriptions are needed for them.



Overseas News

Nurse Practice Act in Australia

THE Nurses' Registration Act of New South Wales came into force on January 1, and all nurses in the State are required to register during 1926.

It is desired to point out that the passing of this Act does not imply the end of the Association, as was inferred by many from the wording of the notice published by the Board in the daily press; on the contrary, the fact that the Government will undertake the examinations leaves the Australasian Trained Nurses' Association more time and scope to conduct its operations in other directions. It will continue to function as an advisory body and to publish the *Journal*, as well as watching the interests of the nursing profession in general.

Four classes of nurses are registered (1) General Nurses, (2) Mental Nurses, (3) Midwifery Nurses, (4) Infants' Nurses.

—*The Australasian Nurses' Journal*.



The London University Nursing Diploma

The London University has published the details of their Diploma in Nursing. There has been a real need for some higher degree for nurses following upon their hospital certificate, and this has been supplied by the Diploma of the Leeds University and will be by that of the London University. The Diploma is open to women and men, and is intended for registered nurses qualifying for responsible posts. All candidates take Part A of the Diploma, and can choose the subject on which they will be examined in Part B which includes sections for General Nursing, Mental Nursing, Public Health, and Hospital Administration. The fee for each part of the Diploma is two and one-half guineas.

—*The College of Nursing Quarterly Bulletin*, London, Eng., September, 1926.



Citizenship of Finnish Nurses

The intense patriotism of Finnish nurses was frequently made manifest during the meetings of the International Council in Helsingfors.

Citizenship of Finnish Nurses

The intense patriotism of Finnish nurses was frequently made manifest during the meetings of the International Council in Helsingfors. The fact that they are honored citizens was everywhere apparent in the quality of the hospitality lavished upon their guests by all classes of society. Further evidence comes to us in the form of a beautifully illustrated booklet, written in English, "Some Outlines of Viipuri (Viborg) and Its Hospitals," put out by the local branch of the National League of Trained Nurses in Finland and the Tourist League of Viipuri. The mere announcement will revive delightful memories of that picturesque town so near the Russian border.



Affirmation Which Will Be Required of Candidates for the Diploma of the New British College of Nurses

I, . . . in the presence of this meeting of the Council of the British College of Nurses, do hereby solemnly and sincerely declare that I will always, as a registered nurse, fulfill to the best of my power and ability, and without any selfish consideration, every duty entrusted to me, in the nursing of the sick; that I will, in every way, loyally perform my professional duties to the medical practitioners under whose directions I shall work; that I will always regard as a sacred confidence, and will most strictly refrain from repeating or divulging to anyone, any private facts or personal information concerning my patients, their relations, or their friends, which may be communicated to me, or which I may learn during, or in consequence of, my attendance upon them, whether in hospitals, or their private homes, except only if such information be demanded from me as a witness in a court of justice; that, as a fellow of the British College of Nurses, I will faithfully and constantly obey all rules and regulations of the College which are now, or may hereafter be, in force; that I will, so far as may be in my power, assist any other fellow or member of the College who may ask for my help or advice; and finally, that I will constantly strive, both by my personal conduct and my professional work, to reflect credit on the profession of nursing, on the British College of Nurses, and on my fellow-members thereof. All these several promises I solemnly swear to observe, and I pray that I may ever be steadfast in fulfilling the whole of this obligation of a fellow of the British College of Nurses.

Red Cross Nursing in Germany

Katherine M. Olmsted, writing in *The World's Health* gives an exceedingly interesting picture of Red Cross Nursing in Germany. One of the oldest associations of nurses trained under the Red Cross is that of the Mutterhauser. These Mutterhauser numbered 58, in 1924. They have a membership of over 7,000 nurses of whom four or five hundred are student nurses. Frau Oberin Tomitius, Representative of the Commissioner of Nursing, a woman of rare charm and wisdom, is largely responsible for maintaining a high standard of efficiency in the Red Cross Mutterhauser and their schools of nursing.

Every Mutterhaus promises 50 per cent of its personnel to the Red Cross for Government service in time of need. The nurses are placed in the branches of nursing for which they are best fitted, they receive the standard salaries for the particular specialty practised. The salaries are paid into the Mutterhaus which repays them in lodging, food, uniforms, education, insurance, employment and old age and sickness pensions. Five per cent of the money earned by members goes to the administration of the home.

In addition to maintaining comfortable homes, each Mutterhaus conducts an employment bureau of its members and furnishes the public with hospital, private duty and public health nurses, as well as midwives. "Practically all of the hospitals of Germany are now staffed by nurses from the Mutterhauser, thus putting an increasingly large number (56 to be exact) of the training schools under the Red Cross." Miss Olmsted records that "A remarkable spirit of service and usefulness inspires each member, and the security and prestige of their position does much to stimulate membership."



Visiting Teachers in New Zealand

Some two years ago, according to *Kai Tiaki*, the journal of the nurses of New Zealand, advanced courses for nurses to be given at Otago were planned and the Minister of Health sent Janet Moore, Matron of an important hospital, and Miss Lambie, a school nurse, to London and Toronto, respectively, for special preparation. The University course has failed to materialize so the Minister of Health is sending these two highly qualified nurses "round the hospitals of the Dominion to lecture and teach in each." In this way it is expected that the sister tutor (instructor) will receive instruction.

NEWS

[Note.—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. A death notice should be checked in every detail, for accuracy, before being forwarded, and the sender's name should be attached. All news items should be sent to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

The A. H. A. Convention

It was a bit startling the first day of the twenty-eighth annual convention of the American Hospital Association in Atlantic City (September 27-October 1), to read the Bulletin's headline, "Hospital Investment nearly 1 per cent of Entire National Wealth," and to further discover that in one year 1,117 hospital buildings have been planned, involving an investment of \$309,000,000. Small wonder the A. H. A. which has representation from a majority of the hospitals of the country, is so deeply concerned with problems of fire insurance, of construction, of standardization of equipment, of personnel. Small wonder that hospital administrators, each of whom must be a combination of altruist, economist, sociologist and educator, desire to provide a preparation for such a complex service as shall be worthy of the term professional. Characteristically, it is those who have gone farthest, themselves, who are most eager to provide suitable preparation for the next generation. As E. S. Gilmore, veteran administrator of Wesley Hospital, remarked: "the rugged and ragged school of experience is a hard one and results are uneven."

The Program

The program, as always, was carefully planned and well coordinated with one exception. It was unfortunate that the Nursing Section should have been scheduled at the same hour as the Construction Section which was concerned with Nurses' Homes and Economies in Hospital Construction.

The one important social event was the reception given by the New Jersey Hospital Association and the Department of Institutions and Agencies of New Jersey, in the Marine Hall on the Steel Pier. Dancing was preceded by a diverting program upon which Sir Frederick McGill of England was the one international representative. His witty speech and gay "spoofing" again put at naught the deeply-rooted notion that the British are not humorous.

Reports

Following its established custom, the Association published in advance the reports of the more important committees. These re-

ports are a valuable part of the literature of the profession of hospital administration, for nowhere else can be found such authoritative data on equipment for beds, in standard sizes for sheets and pillowcases, for ethylene gas anaesthesia, for electro-cardiography, for operating suites of 100-bed hospitals. "Planning a Nurses' Home" was a report of the Committee on Construction, most effectively presented by Dr. S. S. Goldwater and discussed with much spirit. The itemized list of building requirements is generous and few if any hospitals could afford to install all the desirable features enumerated. Says the report: "The test of service value should be applied to each item which is eventually awarded a place in the actual plans and specifications." The discussion was of so practical a sort as to send pell-mell to the booths of the Hospital Library and Service Bureau those who had not already studied that marvelous exhibit of more than 100 plans for nurses' homes. There were the striking photographs of the handsome home of Michael Reese in Chicago, plans of large homes already built or in the building, plans of smaller homes, such as the excellent one of the Bethany Hospital in Kansas City, Kansas, and that "last word" in homes now being erected by the Montreal General Hospital. This plan is not only remarkably complete but it is absolutely unique in that all teaching and social facilities are twice the size of the school's present needs. This plan is based on the assumption that as the hospital expands, the home must be enlarged, and that it will be a relatively simple matter to add a dormitory wing. In this plan one floor is devoted to reception and other social rooms, the next is a complete teaching unit, the third is devoted to the special requirements of the graduate staff, and the upper floors to the single rooms of the students. Comprehensive though it is, this plan does not include a swimming pool (generally conceded to be a luxury) but it is understood that one is contemplated when another wing is added.

The Care of Compensation Cases occupies but a small portion of the Report of the Legislative Committee but it was the major subject of discussion at one of the administration sections, the paper of Dr. Lewinski-Corwin being followed by a clear-cut discussion

by John A. Lapp and by animated discussion from the floor. It is clear that a concerted effort must be made, by means of legislation, to free hospitals of the unjust burdens now placed upon them.

The Nursing Section

Grace Allison, Superintendent of the Samaritan Hospital, Troy, New York, in opening the meeting said: "The time has come to pass on a common standard of nursing" and presented Dr. William C. Darrach, Chairman of the Committee on Grading Schools of Nursing. Dr. Darrach briefly stated his own qualifications for chairman to be as follows: fifteen years as a practicing surgeon with experience on the staffs of several hospitals, experience as a member of boards of directors, and his present duties as Dean of the Medical School of Columbia University. He described the make-up of the Committee, demonstrating that it would be quite impossible for it to be dominated by any one group or interest. He reminded his audience that the Committee cannot be expected to perform miracles. The problem of grading was stated to be only a part of the plan of this committee, as it is essential that the whole matter of nursing service be studied in order to find out what nursing service really is and how it meets the needs of the people. The job analysis which must be made will be difficult and Dr. Darrach closed with a plea for the moral and financial support of the Association.

Dr. Darrach was followed by Dr. May Ayres Burgess, Director of Study for the Committee, who presented a series of charts based on figures obtained from data gathered by the A. N. A. for the soon-to-be-published Accredited List of Schools of Nursing. Dr. Burgess' address will not be discussed here as it will appear in full in our December issue except that we offer her concluding sentence to whet the appetite of our readers. Her final discussion is of the *typical* nursing school and the closing sentence is this: "Its present superintendent has been on the job for two years and has just presented her resignation."

The paper on "What the High School Girl Thinks of Nursing" by Frances Latimer of Cleveland, read by Evelyn Wood of Chicago, Secretary of the Section, will appear in the Journal at a later date. It is an encouraging study of data obtained five years ago with those of a recent date.

The Case Method was presented by Effie J. Taylor of the Yale School in a very able paper in which she stated forcefully that *the Hospital should exist not for an appendix, a*

heart, or a liver, but for a thinking person with human relationships and proceeded to describe the case method as one in which an effort is made to teach *causes* as well as effects as shown by the patient's symptoms. The method is based upon the scientific gathering of facts and its value lies in the fact that THE PATIENT is the unit about which all thought centers.

Said Miss Taylor: "If nurses have become mechanized routineers it is because of the rush and hurry of hospitals which have not permitted nurses really to live with their patients."

Marian Rottman described the case method as used at Bellevue for three years. Two case records are required of each student in each service and as she follows her patient to his home through the Social Service Department she becomes a critic of her own work.

Margaret Ashman of the Orange Memorial Hospital discussed the method as used in a small hospital where four case records are required each year in an effort to train the head, heart and hand of the student nurse.

The meeting closed with the election of Ada Belle McCleery of the Evanston Hospital, Chairman, and June Ramsay of the Pasadena Hospital, Secretary, of the Section for the coming year.

Other Interesting Sessions

Some meetings in which the nurses in attendance were especially interested were the Round Table on Problems of Small Hospitals, the session on The Care of the Patient of Moderate Means, the administrative Session at which was discussed "The Relation of the School of Nursing to the Hospital" and, under the skillful guidance of Mary E. Yeager of Toledo, an audience that remained far beyond the allotted time bombarded genial Frank E. Chapman and others with questions on practical details of administration. Said Mr. Chapman: "Clarify your thinking by making a chart of your organization. It is as necessary in a small hospital as in a large one." After a stimulating presentation of the principles of hospital organization, the questions began. Views on laboratory fees versus flat rates, full-time and part-time laboratory positions, medical staff versus administrative responsibility were exchanged. As one administrator remarked, "that is the sort of help I need."

The Care of the Patient of Moderate Means or, as the program put it, "What Shall Be Done for the Middle Class Patient," justly provided subject matter for a whole session of the Administrative Session. On the matter

of construction it was frankly stated that the last word has not been said, but the emphasis was placed on the use of semi-private wards and cubicle construction, since the cost of small private rooms is only slightly less than that of larger rooms. The Massachusetts General Hospital which has an extensive building underway, designed solely for the so-called middle class, is providing one-third single and two-thirds double rooms. It seems clear that a very definite effort should be made to popularize semi-private service.

The interest and participation of nurses in this movement was ringingly discussed by Major Julia C. Stimson who believes that patients desire and can be taught to *purchase a nurse's skill and not her time*. In supporting her argument for group nursing in hospitals and hourly nursing in homes, Major Stimson cited three recent and important articles, "Hearsay and Fact," *American Journal of Nursing* for July, 1926; "One Way Out," in *The Survey*, June 15, 1926; and "The Impossible Profession," in the *September Century*.

The topic, "Relationship of the Nurses' Training School to the Hospital," was discussed at the Trustees' Section, presided over by Frank S. Shaw, President of the Presbyterian Hospital, Chicago. Dr. Wilmer Krusen, Health Officer of Philadelphia, stated that he was presenting the subject in his capacity of member of the Boards of three hospitals and not from the standpoint of a public health officer. He stated in forthright terms that nursing is a profession and summed up the duty of the trustees by saying that they should provide adequate teaching, the inspiring coöperation of the medical staff, and harmonious coöperation throughout the hospital. This teaching he believes should include more on communicable disease than at present and a sufficient number of students and nurses to insure reasonable freedom from fatigue when attending classes. Said Dr. Krusen, pithily: "The best teaching is wasted on exhausted students." Richard P. Borden succinctly summed up the discussion by saying that "when the student goes through the training school with just one purpose, i. e., to become a member of a noble profession, it is the duty of the trustees to see that she is surrounded by the proper conditions."

The Exhibits

An American Hospital Association Exposition can be described only in superlatives. The Steel Pier, which had been remodeled since the Health Congress in June, permitted the erection of continuous lanes of booths

from the admission kiosk almost to the entrance to Marine Hall, 300 in all. The exhibitors' guide, published for the first time, simplified the problem of finding those of the booths which for one reason or another were of particular interest to individuals. The statement that every booth was worth a visit was literally true, for manufacturers had provided a wealth of new ideas in equipment and one could not afford to take a chance on missing even one.

The strictly educational booths were numerous and of unusual worth. The staff of the six booths devoted to the Hospital Library and Service Bureau were kept constantly busy answering a multitude of questions and directing visitors to the wealth of plans which were shown. The special exhibit of Nurses' Homes, which was attractively displayed in four of the booths, compelled attention. Homes large, homes small, homes simple, homes elaborate—every type was available for study. Donelda Hamlin, Director of the Bureau, and her staff again demonstrated the remarkable manner in which the organization lives up to the name *Service Bureau*.

Another booth of particular interest was that of the American Medical Association, for few people realize how extraordinarily comprehensive are the activities of this great organization. The Committee on Dispensary Development with its model out-patient reception room and admitting unit, the attractive displays of the Occupational Therapy Association, vied with dozens of others in interest. The program was arranged with a view to allowing ample time for visiting exhibits, but we noted that administrators with particular problems of construction, equipment, or of administration, were constantly to be found in earnest converse with the workers in the booths, proof positive of the practical value of the enormous exposition.

Another Year

Dr. R. G. Brodrick of California succeeds, as President, Dr. A. C. Bachmeyer of Ohio who turns over the Association in a sound and wholesome condition, and Dr. Joseph C. Doane of the Philadelphia General Hospital becomes President-elect. Two women take their places on the Board of Trustees. They are Margaret Rogers, R.N., of Minnesota, and Lucia Jaquith, R.N., of Massachusetts.

The Protestant Hospital Association

"Coöperation for individual and group development," was the dominant spirit of the Protestant Hospital Association in its sixth

annual convention. The ideal Christian hospital was pictured in the form of a triangle, having at its base, Efficiency, and on its sides, Training under Christian Influences, and Service Guided by a Christian Spirit.

It was generally conceded by those in attendance at the meeting, September 25-27, that the Association presented the best program of its six years of existence. The inspirational and optimistic note sounded by Dr. Newton E. Davis in his presidential address carried through the meetings, for there were many reports of progress, not only in things of the spirit, but in efforts to meet the standards of The American College of Surgeons on the part of hospitals and of efforts to improve the schools of nursing. It is cause for rejoicing that more than one hospital reported with pride that only high school graduates are now admitted to their schools.

This association obviously has a marvelous opportunity, through its church affiliations, to influence young women to secure suitable academic preparation for the work of healing which the churches recognize as so important. Another year we hope to hear reports of an increased number of well qualified instructors in the schools also.

Dr. Frank C. English, the Executive Secretary, in a brilliantly written annual report pertinently asked, "and after reaching a minimum standard, are you going on to perfection?"

Canadian nurses may well be proud of the manner in which Grace M. Fairley, Superintendent of the Victoria Hospital, London, Ontario, presented the subject of Advancement of the Work in the Protestant Hospitals of Canada. With gracious manner and delightful diction she brought out the fact that the hospitals of Canada have no very strong sectarian quality although, in other respects, their hospitals are organized much like ours. Dividing Canadian hospitals into five groups, she briefly sketched the organization and service of each showing that Canada has given more thought to her remote areas than has been the case in this country. The five groups of hospitals are: (1) General and University; (2) Small General; (3) Special; (4) Church, as Anglican, Salvation Army, etc.; (5) Red Cross. It is the policy of the last-named to turn the hospitals over to the communities as soon as they can support them. The work of the Red Cross Outpost Hospitals is a thrilling story in itself.

Miss Fairley brought out the interesting point that a hospital cannot be considered in

Class A unless it has a Class A school of nursing, that there is a growing sense of responsibility for the education of nurses. Her discussion of the centralization of teaching in eleven schools of nursing in Toronto was doubtless new and therefore stimulating, to many of her audience.

The educational symposium brought out some thoughtful clear-cut papers which were followed, at a later session, by good discussion. Mary C. Eden's admirably organized presentation of the Responsibility for Educating Student Nurses was based on the principle of mutual aid and emphasized the point that although criticisms often contain some elements of justice they are often due to misunderstanding. Mrs. Eden believes that the responsibilities may be grouped as follows: 1. The hospital must interpret to all concerned the needs of students. 2. It must assure her a well-balanced life. 3. It must stand firmly beside the administrator of the educational department. 4. Must participate in frequent taking of stock of the needs both educational and social and of the physical state of the student nurses.

Bertha Beecher put all of her forceful personality into an appeal for a chance for the student dietitian for, said she: "How can you presume to criticize dietitians as impractical if you have never given them a chance to secure practical experience as students and where, but in the hospitals, can they secure this vital part of their preparation?"

Rev. John Martin in his discussion of the Preparation of Supervisors made wise use of the material on the subject prepared for the National League of Nursing Education last year and published in *The American Journal of Nursing*.

The discussions of various administrative problems as presented in papers from the floor were at once specific and constructive. The relatively small size of the Association makes lively interchange of opinion possible.

Sunday afternoon was devoted to denominational meetings. Some of these were concerned primarily with increasing the membership, others with educational or administrative problems. All members were reminded that the Association admits active, associate and honorary members and that the nominal dues are five and three dollars for active and associate members respectively.

William Chalmers Covert, LL.D., Secretary of the Presbyterian Board of Christian Education, preached a scholarly sermon in which he said: "The world is singing a new song of

hope because of what medical science and hospitals have done."

No association could have had a more satisfactory banquet than that held at the Hotel Morton on Saturday night. The spiritual character of the organization was charmingly expressed in the address of Dr. Robert A. Elwood of Atlantic City. Around the theme, "Ourselves and Others," state rivalries were expressed in picturesque and mirth-provoking exaggerations. Charming music was provided by a quartet of Deaconesses from Philadelphia.

Dr. A. B. Wilkes of Missouri wittily and tactfully brought the group back to realities and a genuine interest in his history of the development of the Baptist hospitals in this country, a presentation that adds one more to the historic documents of the Association.

Robert Jolly, the energetic and enthusiastic Superintendent of the Baptist Hospital, Houston, Texas, is now president of the Association and the Rev. Herman Fritschel of Milwaukee is President-elect.

Hospital Dietetic Council

After the opening of the first meeting of the Hospital Dietetic Council, a symposium on the dietetic advances during the past year was given. The first speaker was Minna G. Roese, of Buffalo, N. Y., who is a metabolism consultant. Her work consists of calculating the diet for the nurse or patient from the prescription given her by the physician. She has been requested by a group of nurses in Buffalo to teach them how to calculate diets. This she plans to do next year.

Mrs. Moffat, of the Ellis Hospital, Schenectady, N. Y., gave a paper for Alice Gilman on State Board Requirements for Nurses. She first emphasized the fact that nurses enter the hospitals handicapped for receiving the scientific facts of dietetics: first, by the inadequacy of home training in cooking and food planning; second, by their lack of chemistry and bacteriology. Further difficulties arise from the limited hours allotted for the subject and from the lack of simplicity of the courses.

Mary McPherson, Superintendent of Ellis Hospital, Schenectady, and also a member of the Board of Examiners for the State of New York, suggested that possibly the poor results obtained in teaching nurses were due to the numerous allied duties of the dietitian so that her available energy applicable to the teaching of nurses was diluted to a fairly large degree. However, Miss McPherson's inspection of the examination papers showed that during the

last few years considerable improvement has been made along this line.

Mary A. Foley, Calorie Kitchen, Mayo Clinic, Rochester, Minn., speaking on the subject of Food Waste, said that the coöperation of the administration, doctors, nurses and patients is necessary to decrease waste in the hospital.

Walter H. Eddy, Ph.D., Teachers College, New York, spoke on The Relation of Metabolic Research to the Dietitians' Point of View. Doctor Eddy reviewed the essentials of a normal diet. A quart of milk a day furnishes the calcium requirement of an individual in the best possible way. The addition of gelatin to casein feeding promotes a better utilization of casein, as it prevents the formation of too large curds. Therefore, the digestion of milk served on jellies is helped by the gelatin.

In a meeting on Why My Work Appeals to Me, Annie L. Weeks, East Northfield, Mass., said that the teaching of dietetics to nurses appeals to her for the following reasons: "(1) We, as dietitians, know the value of the material we have to give, not alone to the patient but to people in health. (2) We know the value to the student nurse in training, as a part of her equipment, of a fundamental knowledge of dietetics. (3) Because of the lack of enthusiasm in the study of dietetics on the part of many student nurses, an appeal is constantly made to the ingenuity and ability of the instructor to present the subject in as interesting and forceful a manner as possible."

Jerome Kohn, M.D., Mount Sinai Hospital, New York City, in his paper, A Method of Feeding Infants and Children with Nutritional Disorders, said that the hospital child is individually treated as to his energy requirements, whether in normal or abnormal condition. A simple list of foods was given to show how the content of the diet can be simple and yet comprise all the nutrient qualities necessary, but the individual needs of each child must be quantitatively met in every way.



American Nurses' Association

Announcement is made that dues for 1927 for membership in the American Nurses' Association are now payable and should be sent to Headquarters before December 31. With the 1926 membership reaching a total of 54,441, speculations are coming in from all sides on

the probable increase this year. A fair estimate is that 60,000 nurses will be found within the association by the last of December. It is a figure worth reaching.

It is suggested that the check for dues be made out according to the form following:

No.

City..... Date.....

(Name of bank).....

Pay to the order of The American Nurses' Association, \$.....

Dollars

for dues for year 1927

Treasurer

Name of Association.....

Sponsors for the Nurses' Relief Fund say that if every one of the 60,000 members would give \$1 toward the Fund, the total would be \$180,000 by the end of 1927, and half a million dollars by 1933 would be an easy matter. Why not?

S. Lillian Clayton, president of the American Nurses' Association represented the organization at the annual convention of the American College of Surgeons at Montreal last month. The nursing section met on October 25.

Edith J. L. Clapp started on her program of reaching groups of students in schools last month when she went on a tour of the schools of nursing in Maine, emphasizing the importance of professional organizations. She expects to visit some of the schools of Connecticut and Vermont also.

Dr. May Ayres Burgess, director of study of the Committee on Grading of Nursing Schools has been appointed a member of the Public Information Committee of the American Nurses' Association. Other members are Mary M. Roberts, New York City, Chairman, Jane Van De Vrede, Atlanta, Ga., Elnora Thomson, Salem, Ore., and Alice H. Walker, Detroit, Mich.

Members of the Finance Committee, newly appointed, are Emma N. Nichols, West Roxbury, Mass., Chairman; Jessie E. Catton, Boston, Mass., treasurer, and Agnes G. Deans, Oswego, N. Y.

Did you know that there are ten special committees of the American Nurses' Association carrying on important activities for the nursing organizations and for the profession? Their titles and membership are as follows:

Committee on International Affairs: Clara D. Noyes, American Nurses' Association representative; Daisy Dean Urch, National League

of Nursing Education; Mary Beard, National Organization for Public Health Nursing.

Committee on Ethical Standards: National League of Nursing Education representatives, S. Lillian Clayton, chairman; Louise M. Powell, Cleveland; Corinna D. French, Albany, N. Y.; American Nurses' Association, Shirley Titus, Milwaukee; Sister Domatilla, Rochester, Minn.; Sally Johnson, Boston; National Organization for Public Health Nursing, Mary Beard, Boston; Jessie L. Marriner, Montgomery, Ala.; Mrs. Lystra E. Gretter, Detroit.

Committee on Professional Relations: Jane Van De Vrede, V. Lota Lorimer, Lakewood, O.; Laura R. Logan, Chicago, Ill., Emilie G. Sargent, Detroit.

Committee to Study Relations of the American Nurses' Association with Educational Groups: Effie J. Taylor, New Haven, Louise M. Powell, Jane Van De Vrede, Elizabeth C. Burgess, New York City.

Common Activities Committee: American Nurses' Association, Florence M. Johnson, Jane Van De Vrede, Susan C. Francis, Philadelphia; National League of Nursing Education, S. Lillian Clayton, Helen Young, chairman, Effie J. Taylor; National Organization for Public Health Nursing, Ellen Buell, Elizabeth Stringer, Anna A. Ewing, *ex officio*, Agnes G. Deans, Blanche Pfefferkorn, Jane Allen.

Federal Legislation: Lucy Minnigerode, Washington, D. C., chairman, Clara D. Noyes, Beatrice Bowman, Gertrude Bowling, Washington, D. C.

Self-Analysis Committee: American Nurses' Association, Adda Eldredge, Madison, Wis., Chairman; National League of Nursing Education, Elsie M. Lawler, Baltimore; National Organization for Public Health Nursing, Sophie Nelson, Boston.

Committee on Racial Relations: Jane Van De Vrede, Chairman, Jane Fraser, Minnie H. Ahrens, Lillian L. White, Virginia M. Gibbs, Sarah E. Sly, Agnes Daspl, Mary M. Roberts, Alberta Dozier, Mary McKenna, Edith Redwine, *ex officio*, S. Lillian Clayton, Carrie M. Hall, Anne L. Hansen, Clara D. Noyes.

Advisory Committee on American Nurses' Memorial, Bordeaux, France: American Nurses' Association, Clara D. Noyes, Mrs. Jean Celhay, Evelyn Walker; National League of Nursing Education, Anna C. Jamme, Helen Bridge; National Organization for Public Health Nursing, Elizabeth G. Fox.

Special Committee on Insurance: American Nurses' Association, Agnes G. Deans, Chairman; National League of Nursing Education, Blanche Pfefferkorn; National

Organization for Public Health Nursing, Grace Anderson, Marguerite Wales.



Nurses' Relief Fund

REPORT FOR SEPTEMBER, 1926

Balance on hand, August 31, 1926.	\$21,371.16
Interest on bonds	340.70
Interest on bank balances	84.90
California: Dist. 5, \$34.50; Dist. 7, \$9; Dist. 9, \$12; Dist. 15, \$31; Dist. 16, \$38; Dist. 17, \$5; Dist. 21, \$3; Dist. 22, \$8.	140.50
Florida: Gordon Keller Hosp. Alum.	40.00
Georgia: Dist. 4	75.00
Michigan: Marquette Dist., \$2; Bay City Dist., \$50.	2.50
Minnesota: Dist. 4, \$128; Dist. 3, \$9; Dist. 2, \$3	140.00
Missouri: Dist. 1, St. Joseph's Hosp. Alum., St. Joseph, \$48; Dist. 2, Research Hosp. Alum., Kansas City, \$18; Christian Church Hosp. Alum., Kansas City, \$25; Dist. 3, Missouri Baptist Sanatorium, St. Louis, \$11.	102.00
New Jersey: Dist. 2	6.00
New York: Dist. 3, \$25; Dist. 5, Johnson City General Hosp. Alum., \$19; Binghamton State Hosp. Alum., \$12; individual members, \$2; Dist. 9, Student Nurses' Association Samaritan Hosp., Troy, \$25; Dist. 13, St. Vincent's Hosp. Nurses' Alum., \$25; two individuals, \$12.	120.00
North Carolina: Dist. 2	100.00
Ohio: One individual, Lorraine	1.00
Tennessee: Dist. 1	126.00
	\$22,649.76

Disbursements

Paid to 121 applicants	\$1,770.00
Salary	55.55
Printing leaflets	88.50
Printing application blanks	35.00
Express charges	1.63
Total disbursements	1,950.68
Balance on hand, Sept. 31, 1926.	\$ 20,699.08
Checking acct. balance	\$ 3,953.82
Savings acct. balance	16,745.26
	\$20,699.08
Invested funds	101,554.64
	\$122,253.72

NOVEMBER, 1926

Note.—The contribution to the Relief Fund from California is the contribution for August, which reached the Headquarters office too late to be included in the August report.

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund, and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks directly to the Headquarters office of the American Nurses' Association.

For application blanks for beneficiaries, leaflets, and other information, address the Director at the American Nurses' Association Headquarters.



The Isabel Hampton Robb Memorial Fund

A fund derived from voluntary contributions; used for granting scholarships.

No receipts for the month ending October 10, 1926.



The McIsaac Loan Fund

No receipts for the month ending October 10, 1926.

Contributions to these two funds are solicited from associations and from individuals. Mary M. Riddle, Treasurer, care *American Journal of Nursing*, 19 W. Main St., Rochester, N. Y.



A Scholarship for Missionary Nurses

The plan of the Cleveland Branch of St. Barnabas Guild for Nurses in providing special educational opportunities for the missionary nurse was warmly welcomed by the President of Western Reserve University and the Dean of the School of Nursing.

The first scholarship has been awarded to Florence E. Schafer, Superintendent of Nurses at the Presbyterian Mission Hospital, Miraj, India. Miss Schafer comes specially for the postgraduate course offered by the Lakeside School of Anaesthesia.

The second scholarship has been awarded to Gladys E. Stephenson, of the Wesleyan Mission Hospital, Anhu, Hupeh, China. Miss

Stephenson has just completed her term as President of the Nurses' Association of China, and she has been elected Chairman of the Program Committee for the next Congress of the International Council of Nurses which is to be held in Peking in 1929.

Because of the fact that she has been chosen to take charge of the School of Nursing in the new Union Medical Hospital at Hankow, Miss Stephenson was specially desirous of taking postgraduate work in special subjects in the United States.

It is interesting and gratifying to know that these first scholarships for missionary nurses are the result of the efforts of the staffs and students of ten Cleveland hospitals, under the leadership of the Principals of the Schools of Nursing.

Missionary nurses who desire to make application for a scholarship should write to Mrs. John H. Lowman, Chairman of the Scholarship Committee, Guild of St. Barnabas for Nurses, 2157 Euclid Avenue, Cleveland, Ohio, stating the studies which they desire to pursue and inclosing credentials from the Board of Missions under which they are accredited.



Army Nurse Corps

During the month of September, 1926, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieut. Ethel E. Hahn; to station hospital, Fort Leavenworth, Kansas, 2nd Lieuts. Katherine E. Herron, Helen M. Karhu, Myrtle C. Huhner, Laura C. Heston; to Letterman General Hospital, San Francisco, Calif., 2nd Lieut. Elizabeth Devenny; to station hospital, Fort Riley, Kansas, 2nd Lieut. Lola L. Wilson; to Walter Reed General Hospital, Washington, D. C., 1st Lieuts. Nellie V. Close, Lulu Gerding, 2nd Lieuts. Karen M. Swarva, Josephine Nesbit, Caroline E. Bennett, Marie Hermanson; to the Philippine Department, 2nd Lieut. Nancy Green King.

Five have been admitted to the corps as 2nd Lieuts.

The following named, previously reported separated from the service, have been re-assigned as 2nd Lieuts. with station at Fitzsimons General Hospital: Minnie G. McLeomore, Mabel L. Chickering.

The following named are under orders for separation from the service: Agnes Conway, Lillian C. Davis, Evelyn Hardy, Augusta

Boemer, Agnes B. Kuller, Anna Gerkin, Addie Meixsell.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps.



Navy Nurse Corps

During the month of September five nurses were appointed and assigned to duty at naval hospitals.

Transfers: To New York, Harriet A. Chism; to Quantico, Va., Laura V. White; to San Diego, Calif., Ruth E. Cleaver; to Washington, D. C., Katherine F. Lowe.

Honorable Discharge: Margaret E. Beal, Elizabeth M. Bartlett, Hester E. Nelson.

Resignations: Katherine LaRose, Bertie A. Weber, Anna J. Johnson, Elise Lemens, Annabel Campbell, Ruth G. Beaver.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.



U. S. Public Health Service

REPORT FOR SEPTEMBER

Transfers: To Boston, Mass., Isla Bragg; to Fort Stanton, N. M., Caroline Ruehman; to Hudson St., New York., Christine O'Rafferty.

Reinstatements: Grace Tillotson, Rosalie Manwiller, Thressa Seiber Hawkins, Lenoir Moody, Mary Claiborne, Calista Goss.

New Assignments: Eleven.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.



United States Veterans' Bureau

REPORT OF NURSING FOR SEPTEMBER

Assignments: Sixty-four.

Transfers: To Atlanta, Ga., Irene Kratzer, Grace Kratzer; to San Fernando, Calif., Karn Lauridson; to R. O., Newark, N. J., Ivey Lennen; to Edward Hines, Jr., Maywood, Ill., Ida Postell; to Castle Point, N. Y., Ethel Bussong; to Outwood, Ky., Clara Smithman, Illenna Bonnifield.

MARY A. HICKEY,
Superintendent of Nurses.



Nurses at the Legion Convention

A dinner was given visiting Legion nurses in Philadelphia, on October 12, at the Pennsylvania Athletic Club by the Helen Fairchild

Nurses' Post, No. 412. Guests of honor were: Major Julia C. Stimson, Clara D. Noyes, Beatrice Bowman, Colonel Kemp, Colonel Hendler, Colonel Wood. Margaret Dunlop was toastmistress; Amy Swift, Commander.



The Canadian Nurses' Association

Over 800 Canadian nurses attended the thirteenth general meeting of the Association at Ottawa the week of August 23. It was a memorable meeting as it centered around the unveiling of the memorial described on page 838. Reports indicate that the problems of Canadian nurses are very similar to our own and are handled in a fashion that is both businesslike and diplomatic. It is worthy of especial note that the Public Health Section recommended that a small committee be formed "to go into the question of affiliation with the Canadian Medical Association."

Private Duty nurses are struggling with very serious problems and presented a series of resolutions embodying the thought that unless private duty is made more attractive the field will be seriously depleted of workers. Resolutions adopting the principle of a ten-hour day for special duty nurses in hospitals were adopted, even though "the private duty nurse knows that even a ten-hour day is too long for the kind of work she has to perform," but she realizes the difficulties under which hospitals carry on, and desires to disturb hospital management as little as possible.



Meeting of National Tuberculosis Association

From a purely nursing point of view, the most important matter discussed at the meeting of the National Tuberculosis Association in Washington, the week of October 4, was the report of Dr. E. R. Baldwin, from which we quote, and the resolutions that resulted therefrom:

"As a first concrete step, our Committee will make a recommendation to the Directors of the National Tuberculosis Association that action be taken through certain state associations (if this is considered best) to urge that appropriations be made by municipal or state authorities for short courses of training for general hospital pupils or graduates. West Virginia has already made such a provision and such an affiliation is already in successful

operation with the Glen Lake Sanatorium and the University of Minnesota School of Nursing in Minneapolis. If the states will not begin this work without a demonstration of its value, we favor appeals to the large educational foundations for temporary grants. It is a pleasure to announce that such a grant for five years has been made by the Rockefeller Foundation to the D. Ogden Mills Training School at the Trudeau Sanatorium, N. Y."

1. *Resolved*, That the Committee, after having investigated the existing facilities for tuberculosis training and having found eight state or county sanatoria conducting accredited schools for nursing and capable of expansion, suggests that the Directors urge the authorities of these states and counties, directly or through the State Tuberculosis Associations, to make provision for affiliation with general hospitals for short courses of instruction in tuberculosis nursing through residence at the sanatoria.

2. *Resolved*, That tuberculosis institutions of established merit and conveniently placed be brought to the attention of the large educational foundations and life insurance companies and appeals made for grants to aid in supplying tuberculosis instruction to nurses, particularly to those engaged in public health work.

3. *Resolved*, That the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing be requested to use their influence to secure funds and encourage affiliations with such sanatoria as shall be recommended by the National Tuberculosis Association and accredited by their state boards of examiners.



Institutes and Special Courses

Illinois: Chicago.—LOYALA UNIVERSITY, Ashland Block, Clark and Randolph Streets, is offering courses in Hospital Administration and cultural subjects, leading to a B.S. degree. The courses in Hospital Administration and Public Health are given Tuesdays and Thursdays, 4 to 6 p. m. For details, apply to Loyala University.

Michigan: The third annual extension course under the auspices of the Private Duty Section of the State Association was held in Detroit, Sept. 20-24. Subjects and speakers were: A Look into the Digestive Mill, J. H. Dempster, M.D.; Modern Surgical Influences

in Nursing, Nathaniel Gates, M.D.; The Serum Diagnosis of Syphilis, R. L. Kahn, M.D.; Oral Hygiene, A. C. Thompson, D.D.S.; Story Telling to Children, Ruth Carmichael; Care of the Diabetic Patient, Leonard F. C. Wendt, M.D. Prof. Adelbert Ford gave a series of talks on Psychology of the Patient, Work, Fatigue and Efficiency, The Unconscious in Human Behaviour, Selling One's Capabilities, Is Intelligence Worth While? There were also excursions, demonstrations and clinics.

New Hampshire: THE NEW ENGLAND HEALTH INSTITUTE was held in Concord, September 27-October 2, with many interesting courses for health officers and nurses. Eight lectures on Child Hygiene were given by Mary R. Lakeman, M.D.; six on Public Health Nursing by Edith L. Soule.



Commencements

MASSACHUSETTS:

Beverly Hospital, a class of thirteen, on May 12, with an address by Rev. Fred Lewis.

MICHIGAN:

Hackley Hospital, Muskegon, a class of nine, on September 17, with addresses by Mary C. Wheeler and Dr. F. W. Garber.

NEW YORK:

Broad Street Hospital, Oneida, a class of ten, on September 15, with an address by Mary F. Laird of Rochester.

OHIO:

Grant Hospital, Columbus, a class of thirty-six, on October 7, with an address by M. H. Lichliter, D.D.

The Mansfield General Hospital, Mansfield, a class of 4, on October 15, with addresses by Dr. John S. Hattery and Paul R. Tappan.

PENNSYLVANIA:

The J. C. Blair Memorial Hospital, Huntingdon, held graduating exercises for the class of 1926 on October 8.



State Boards of Examiners

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, December 7, 8 and 9, to examine nurses for a license to work in Colorado. Apply to the Secretary, Louise Perrin, Capitol Building, Denver.

Delaware: The next examination for registration of nurses in the State of Delaware

will be held on Monday, December 6, at 9 a. m. at Homeopathic Hospital, Wilmington. Address all applications to Mary A. Moran, Secretary, care of St. Luke's Hospital, Philadelphia, Pa., before November 26.

Kansas: THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an Examination for State Registration at the State House, Topeka, Kansas, December 7-8, 1926. Applications for this Examination should be filed not later than November 15 with the Secretary of the Board, M. Helena Hailey, 961 Brooks Ave., Topeka, Kansas.

Louisiana: All nurses registered in Louisiana are notified that the Louisiana Law requires each nurse to send annually to the Louisiana Nurses' Board of Examiners, located at 1005 Pere Marquette Building, New Orleans, a request for renewal of registration, with fee of one dollar. This is effective January, 1927.

Minnesota: THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold examinations on December 2, 3 and 4, at 9 a. m., at the New State Capitol, in St. Paul; at St. Mary's Hospital in Duluth; at St. Mary's Hospital in Rochester; and at St. Vincent's Hospital in Crookston. Nurses who complete the course on or before February 1, 1927, may take this examination. Applications accompanied by the fee of \$15 must be in the hands of the Secretary, Dora M. Cornelisen, 204 State Capitol, St. Paul, at least two weeks before the date set for the examination.

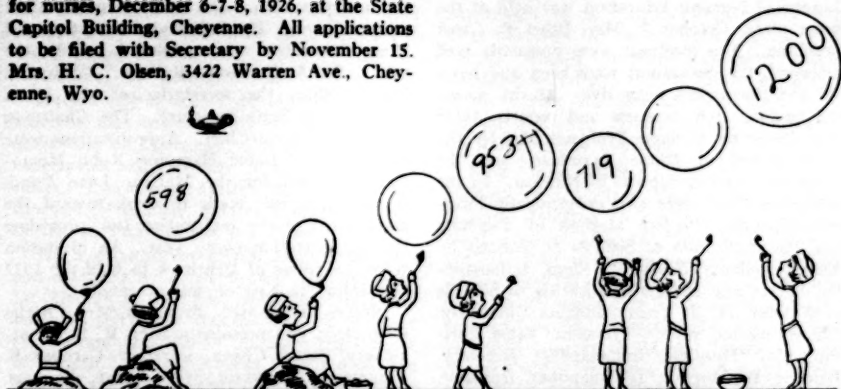
Oklahoma: THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS will hold the semi-annual examination at the State Capitol in Oklahoma City on December 2 and 3. Candice M. Lee, Acting Secretary, R.3, Oklahoma City.

Pennsylvania: THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will conduct, on November 6, examinations in the following cities: Philadelphia, Pittsburgh and Wilkes-Barre. Mrs. Helene S. Hermann, Secretary-Treasurer.

Vermont: THE VERMONT STATE BOARD OF REGISTRATION OF NURSES will hold examinations for registration at the State House, Montpelier, on November 11 and 12, beginning at 9 a. m. Application blanks may be secured by writing to the secretary, Celia E. Brian, Brattleboro.

Wyoming: THE WYOMING STATE BOARD OF NURSE EXAMINERS will hold examination

for nurses, December 6-7-8, 1926, at the State Capitol Building, Cheyenne. All applications to be filed with Secretary by November 15. Mrs. H. C. Olsen, 3422 Warren Ave., Cheyenne, Wyo.



"We blew one great big bubble last year at the *Journal's* birthday party when we increased the number of our subscribers from 598 to 953 for the year. Miss DeWitt says that now we have dropped to 719. Let's blow again and reach the 1,200 mark before it bursts."

—From *The Bulletin*, Minnesota State Registered Nurses' Association.

State Associations

California: THE NORTHERN LOCAL LEAGUE OF NURSING EDUCATION held its first fall meeting at the San Francisco Nurses' Club, San Francisco, September 17. Forty-nine members were present, representing all of the hospitals in the Bay region. Five new members were admitted to membership, making a total of eighty-one members. A Social Committee has been appointed, whose duties shall be not only to arrange social activities for bringing members together, but to get into touch with any members who are ill. The matter of members living at a distance from a central meeting place was discussed, with the view of sending a League Representative to such members, holding conferences with them in their own districts. Enthusiastic reports were made from four representatives of various hospitals who attended the Summer Course given by Carolyn E. Gray at the State University in Berkeley. An Institute, a Student Nurses' Vocational Conference, and a winter program along various lines, were all discussed.

Indiana: The twenty-fourth annual meeting of the INDIANA STATE NURSES' ASSOCIATION was held October 8 and 9. Headquarters at Hotel Lincoln, Indianapolis. The meeting was well attended and an interesting program had been arranged. Minnie H. Ahrens, Executive Secretary, First District, Illinois State Association of Graduate Nurses, Chicago, presented the subject Hourly Nursing and discussed the proposed formation of the Great

Lakes Division of the American Nurses' Association. Ida F. Butler, Assistant to the National Director, American Red Cross Nursing Service, Washington, D. C., gave an address, The Responsibility of the Graduate Nurse to the Red Cross, and Eva MacDougall, Assistant Director of the Department of Public Health Nursing, Indiana State Board of Health, outlined the activities of that Department for the fiscal year ending September 30. Lina Neville of Lexington, Kentucky, recounted some of her experiences in the mountains of Kentucky while engaged in Social Service work. Mary Wakh, Instructor at St. Mary's Mercy Hospital, Gary, Ind., told of an interesting and desirable experiment in Group Nursing, as provided in that institution. Other speakers were: Neva Stephenson, Assistant State Club Leader, Extension Division, Purdue University, Lafayette, Aline Mergy, Superintendent Public Health Nursing Association, Terre Haute; Matilda Leblin, County Public Health Nurse, Seymour; and Edna Hamilton, Superintendent Public Health Nursing Association, Indianapolis. It was decided to hold the 1927 meeting of the Indiana State Nurses' Association in Indianapolis. Officers elected are: President, Anna M. Holtman, Ft. Wayne; vice presidents, Helen Norwald, Indianapolis, and Edith G. Willis, Vincennes; secretary, Rosetta Graves, Union Hospital, Terre Haute; treasurer, Mary E. Thompson, Princeton; directors, Elizabeth Pitman, Ft. Wayne, Katherine Kreutzler, South Bend.

The annual meeting of the Indiana State

League of Nursing Education was held at the same place, October 7, Mrs. Ethel P. Clark presiding. The meetings were unusually well attended, the discussions were keen and helpful and the papers suggestive. At the morning session, after business and reports, there was discussion of Some Problems Met by the State Board of Nurse Examiners and the Need for Grading Schools of Nursing. In the afternoon there were two exceptionally interesting papers,—Project Method of Teaching and Its Application to Schools of Nursing by Emma Colbert, Teachers College, Indianapolis; Psychology and Its Application to Schools of Nursing, H. H. Young, Indiana University. Officers elected were: President, Ethel Carlson, City Hospital, Indianapolis; secretary, Blanche P. Morton, Indianapolis; treasurer, Clare E. Brook, Kokomo; directors, Eugenia Kennedy, and Mrs. Ethel Clark, Indianapolis.

Kansas: The fifteenth annual meeting of the Kansas State Nurses' Association was held in Coffeyville, October 7, 8 and 9, in spite of the fact that floods in the vicinity had made travel difficult, especially for those who had planned to come by auto. The attendance was better than expected under the circumstances, and the nurses of District 3 had made all arrangements for a very successful and pleasant meeting. The Board of Directors held a meeting on the morning of the 7th and the Advisory Council met in the afternoon. A banquet in the evening marked the opening of the general sessions. The remaining two days were given to business sessions a part of the time and to programs arranged by the three Sections, Private Duty, Public Health and Nursing Education, respectively. Pleasing luncheons and teas were enjoyed, the nurses of District 3 acting as hostesses. Speakers who contributed greatly to the success of the convention were Dr. J. C. Montgomery, Assistant Surgeon U. S. P. H. Service, and Director of Kansas State Rural Sanitation and Child Hygiene; Mrs. Elbeth Vaughn, Director of the American Red Cross Nursing Service, Midwestern Branch; Irma Law, Inspector and Field Representative of the Missouri State Board of Nurse Examiners. A short memorial service was held for Sister Catherine Voth during the time that had been arranged for her report as delegate to the A. N. A. Convention in Atlantic City. A committee was appointed to make plans for the creation of a Sister Catherine Memorial Fund and the plans of the committee were later approved by the convention. A committee was appointed to study ways and means by which general

headquarters with a full time executive might be established. The following Publication and Press Committee was appointed to edit the "K. S. N. A. Quarterly Bulletin," Chairman, Sarah Zellar, the secretaries of the seven districts, the State Secretary. The Chairman is to be Editor in Chief. Appropriations were made for the Isabel Hampton Robb Memorial Fund and for the McIsaac Loan Fund. A resolution was made to work toward the amendment of the registration law, providing for re-registration every year. An invitation from the nurses of District 4 to hold the 1927 convention in Newton was accepted.

Officers elected are: President, Mrs. Charles C. Bailey; vice presidents, Mrs. R. D. Montgomery, Bertha Cissna; secretary, Caroline E. Barkemeyer; treasurer, Sylvia Treat; directors, Sadie Allison, Celia M. Hanson.

The following nurses will hold the offices of the KANSAS LEAGUE OF NURSING EDUCATION for the coming year: President, Cora Miller, Emporia; vice president, Mrs. C. C. Bailey, Topeka; secretary, Mrs. Dorothy Jackson, Salina; treasurer, Dena Gronwald, Winfield; directors, Ethel L. Hastings, Wichita, Lucile Withers, Wichita, Agnes Newbold, McPherson.

Massachusetts: The autumn meeting of the MASSACHUSETTS STATE NURSES' ASSOCIATION was held at the Hotel Bancroft, Worcester, October 8-9. The attendance was over 700, the weather ideal and the meetings enthusiastic. Friday evening, excellent addresses were given by the Mayor of Worcester, Hon. Michael J. O'Hara; Rev. Michael Earls, S.J., Vice President, Holy Cross College; Dr. Kendall Emerson, Surgeon-in-Chief, Worcester Memorial Hospital; and Dr. Thomas F. Kenney, Director, Department of Health, Worcester. Music was furnished by the nurses' glee clubs of Worcester City Hospital and Worcester Hahnemann Hospital, and added much to the program.

At the Saturday afternoon meeting, Dr. William J. Bryan, Superintendent of Worcester State Hospital, gave a most interesting and instructive talk on mental nursing. A paper on Reciprocity was read by Frances C. Ladd, Superintendent, Faulkner Hospital, Jamaica Plain, and the statistics contained therein were very enlightening and should prove most helpful. Dr. Ernest L. Hunt, Surgeon-in-Chief, Worcester City Hospital, spoke on Dangers of Cancer, and emphasized the importance of early diagnosis.

The meetings as a whole were excellent, and held the interest of the large audience throughout. Tea was served by St. Barnabas Guild

and motor rides to Worcester Hospitals were furnished by the Worcester Rotary and Kiwanis Clubs, both of which added to the enjoyment of the visiting nurses.

Much credit is due to the different committees for the success of the meetings: Margaret Boyle, Chairman, Committee on Arrangements and Program; Eva Adshead, Worcester, Chairman, Hospitality Committee; Mary A. McMahon, Boston, Chairman, Committee on Publications and Press.

The meeting of the PUBLIC HEALTH SECTION was attended by approximately 200 members. Dr. George H. Bigelow, Massachusetts Commissioner of Public Health, told the audience of "Current Activities of the State Department of Health." Sophie Nelson, Director of the Nursing Service of the John Hancock Life Insurance Company, spoke on Public Health Organization. Mrs. Harold T. Marvin, President of the Hingham Visiting Nurses' Association, discussed one of Miss Nelson's points, Duties and Responsibilities of Boards of Directors, from the lay point of view. Bertha Irons, Director of the New Bedford Instructive Nursing Association, discussed the same question from the professional standpoint. Dorothy Deming, Director of the Holyoke Visiting Nurse Association, spoke on Publicity.

There was an exhibit of literature and other health material available for the use of public health nurses, including material from the State Health Department, New England Food and Dairy Council, U. S. Public Health Service, Metropolitan Life Insurance Company, and American Child Health Association, which seemed to be of considerable interest.

The PRIVATE DUTY SECTION met in the Hotel Bancroft, October 9, Anne E. Radford, Chairman, presiding, over two hundred and fifty members of the Section being present.

Carrie M. Hall, Peter Bent Brigham Hospital, outlined the possibilities of a Private Duty Survey in Massachusetts, the benefits to be expected therefrom, and probable costs; also the distinction between such surveys and the regular program of the Committee for the Grading of Schools of Nursing. Bertha M. Allen, Newton Hospital, Newton Lower Falls, emphasized the need for coöperation on the part of the individual nurse for the completion of a successful survey. Ellen C. Daly, Boston City Hospital, described the operation of group nursing as applicable to the large, medium and small hospital, and the possibility of development of hourly nursing in Massachusetts. Sara E. Parsons, Registrar of Suffolk County, Central Registry, presented the

advantages of a Central organization with local branches for better service to the community making provision for more regular employment for the nurses. Mary M. Riddle, whose words are ever an inspiration to all nurses, graciously addressed the members at the close of the meeting.

New Hampshire: The first quarterly meeting of the NEW HAMPSHIRE GRADUATE NURSES' ASSOCIATION was held at the Claremont General Hospital, Claremont, September 8. The morning meeting was a joint session and Miss Chamberlain of Concord spoke on Parliamentary Law, an address much enjoyed. In the afternoon, Mrs. Ethelyn Jenkins read a paper on Mental Hygiene by Dr. Ruggles which had been presented at the convention in Atlantic City. Mrs. MacLaren of the New Hampshire State Hospital gave a splendid address on Problems in the Mental and General Training School. The next meeting will be held in Nashua Memorial Hospital, Nashua, December 8, the morning session beginning at 10:30, and the afternoon, at 2.

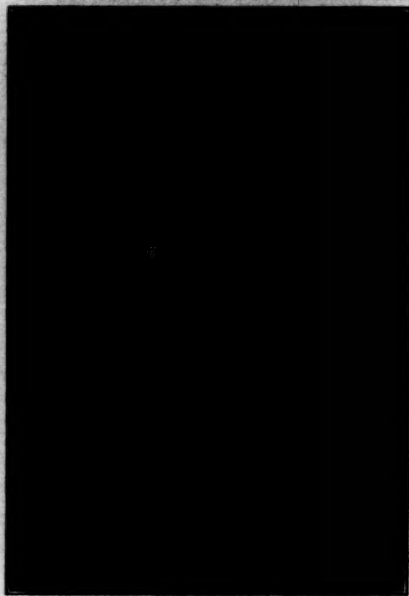
New Jersey: New Jersey nurses will celebrate the twenty-fifth anniversary of their State Nurses' Association on the 5th of November, at the Y. M. C. A., in Camden. For this occasion a program that will be of great interest to the members of the Association is being arranged, with Katharine De Witt, Managing Editor of the *American Journal of Nursing*, as the principal speaker.

The Districts have risen to the support of the educational program the State Association has undertaken through Central Headquarters. District 1 is leading in the work that has been done, so far, along this line, being 100 per cent in both moral and financial support. It is also leading in Relief Fund work, having, in the first six months of 1926, surpassed the entire contributions for 1925.

The State Association is planning, through State Central Headquarters, an intensive field campaign for the coming season. It is hoping to make it possible for the General Secretary to visit every District and Alumnae Association, not once, but several times.

The Private Duty Section is arranging with the Districts for a campaign to arouse greater interest in the study that is being made concerning the problems that confront this group. New Jersey feels keenly the resignation of Miss Deans, as Director of National Headquarters. The readiness with which Miss Deans always responded to an appeal for assistance, and the good common-sense advice she gave, made her administration one of great benefit.

Where Will It Go This Year?



This Joan of Arc is awarded by the Chicago Tuberculosis Institute on a progressive basis. Last year it went to the Oak Park and River Forest High School which made a world's record by selling more than six thousand dollars' worth of Christmas seals. The sale is looked upon as part of the training in citizenship in the high school which is one of the best in the country and has an excellent nursing service.

Vermont: The semi-annual meeting of the VERMONT STATE NURSES' ASSOCIATION was held October 5, at The Brandon Inn, Brandon, with about forty present; Lillie Young, presiding. The reports of the secretary and treasurer were read and the latter showed a balance of \$389.77. A Nominating Committee was chosen, Mary E. Austin, Brattleboro, chairman. Marion F. Puffer, St. Johnsbury, will have charge of the calendar sale for the National League of Nursing Education. Orders may be sent to her. A very excellent paper on Private Duty was given by Mary McParland, Montpelier, followed by a discussion. A paper on Public Health by Mrs. Josephine Carneau, Montpelier, was read by R. Hazel Berry, but was not discussed from lack of time which was needed to visit the State School of Feeble Minded. This visit proved most interesting.

Supper was served at 6:30, and the evening meeting included Welcome by Rev. Walter Thorpe, Brandon, with response by the president, Lillie Young. An entertaining talk was given by Rev. Alexander MacIntyre, Danby, on "Far Removed from Pills and Physic."



District and Alumnae News

Arizona: Tucson.—Mrs. Pearl Hyer, 118 Southwest Moreland Avenue, has been appointed registrar of District 2, succeeding Mrs. Leo O'Leary, who had resigned.

Georgia: The annual regional conference on social hygiene will be held in Atlanta, November 18-20, at the Hotel Biltmore. Speakers of national reputation will be heard.

Illinois: Chicago.—THE CHICAGO CHAPTER OF THE INTERNATIONAL GUILD OF CATHOLIC NURSES has been divided into Northwest and South Side Chapters. On September 16 the North Side Chapter held a meeting at St. Joseph's Hospital Nurses' Home, when Rev. Frederic Seidenburg spoke on the courses being offered at Loyola University. Registration should be made not later than November 9. The West Side Chapter held its organization meeting September 22, at the Mother Cabrini Hospital. Father Garesche, who has just returned from a trip through the East and Canada where he organized several Chapters of the Guild, gave a resume of his travels. Rev. Frederic Seidenburg outlined in detail the courses inaugurated by Loyola University.

Indiana: Ft. Wayne.—THE FIRST DISTRICT met on September 11, at the Lutheran Hospital Nurses' Home. Mrs. Van Sweringen gave an excellent report of the biennial convention in Atlantic City. The annual meeting will be held on November 13, with a one o'clock luncheon at the LaFontaine Hotel, Huntington. **Goshen.**—THE GOSHEN HOSPITAL ALUMNAE ASSOCIATION was organized on September 15 and the following officers elected: President, Beulah Schrock; vice president, Pearl Leslie; secretary, Marian Page; treasurer, Fay Gee.

Iowa: Carroll.—ST. ANTHONY HOSPITAL ALUMNAE met on October 6 in the Nurses' Home. The graduates of '26 decided to use their Alumnae dues to obtain the leading nursing magazines for the Nurses' Home. Sister M. Cecilia gave a very interesting talk about the requirements of the Training School and spoke of the appreciation which

should be given to the older nurses who have been working so faithfully. Doctor O. C. Morrison gave a very interesting lecture on Normal Development. The lecture was followed by a program given by the Junior nurses.

Kansas: Great Bend.—THE ALUMNAE ASSOCIATION OF ST. ROSE HOSPITAL held its third annual meeting on September 14 at the Hospital, with six recent graduates of the School as guests. Officers elected are: President, Tillie Kinzel; vice president, Julia McFadden; secretary-treasurer, Mollie Buxtin. Chairmen of committees are: Social and Entertainment, Lakda Lewis; Report, Sr. M. Johanna; Research, Sr. M. Dolores.

Louisiana: New Orleans.—Marcella E. Dansereau, graduating this year from the Charity Hospital, won the scholarship given by the *Trained Nurse and Hospital Review*.

Michigan: Detroit.—Lyda W. Anderson has been appointed Executive Secretary of the Detroit District. **Muskegon.**—A special meeting of Muskegon District was held in Hackley Hospital, September 18. Mary C. Wheeler, General Secretary for the State, was present and spoke on Standardized Uniforms, Course for Hospital Executives, Grading of Schools of Nursing, Local Registries and Hourly Nursing.

Missouri: St. Joseph.—The annual meeting of the FIRST DISTRICT ASSOCIATION was held at St. Joseph's Hospital, September 20. The Reports of the Secretary, Finance Chairman and Chairman of Directory Committee were especially interesting and showed an active year for the Association. The outstanding accomplishments were:—first, the entertainment of the State Association last October; second, revision of By-laws and incorporation of Association; third, establishment of an Official Central Directory in St. Joseph. In order to raise money for a Directory Fund the Finance Committee put over a combination dance and card party by which over \$200 was raised. The Directory was opened, April 26, and up to September 15, had filled 670 calls with a membership of 119 nurses. The Registrar is Edith Daugherty, who had had experience in such work at the Central Directory in Omaha. The Directory has started in a private home, at 438 No. 17th Street. It is hoped that a Club House for Nurses may develop from this simple beginning. The management is vested in a Committee, consisting of the two chief Nurse Executives of the three hospitals in St. Joseph

(Noyes, Missouri Methodist and St. Joseph's), two representatives from the Nurses' Alumnae of above hospitals and three members of the District Association, who are not members of local alumnae. The hospital executives serve automatically, the Alumnae representatives are elected annually by their respective Alumnae and the three other members are elected by ballot at the annual meeting of the District Association. This Committee elects its own chairman and secretary. The officers of the District Association were elected: President, Nannie J. Lackland; vice presidents, Lucy Palmer, Rena McGahey; secretary, Sallie J. Bryant; treasurer, Rose Anna Meyer. Chairmen of Committees are: Revision, Marie Gekeler; Journal and Relief Fund, Elizabeth Doran; Legislative, Delphine Weeks; Finance, Margaret Murphy; Nominating, Fern Kildoo.

New Hampshire: Concord.—Eleanor Fowle Clark (class of 1918, Massachusetts General Hospital) has been appointed night supervisor at the Margaret Pillsbury Hospital. **Manchester.**—THE ELLIOT HOSPITAL ALUMNAE met on September 15. Team workers were appointed for the fall Food Sale. Grace Williams, Assistant Supervisor of the Community Health Association, Boston, gave an interesting account of the Health Congress at Atlantic City.

New Jersey: Montclair.—THE MOUNTAINSIDE HOSPITAL ALUMNAE met on September 15, when nine recent graduates were received as members. Interesting talks were given by Mrs. Lillian Cole Sewney on her work among Near East refugees in Turkey, and by Mrs. Dorothy Haskell Smith on her work in Shanghai, China. The Seniors were guests.

New York: Utica.—ST. LUKE'S ALUMNAE met on September 30 and elected officers: President, Katherine A. Hasler; vice presidents, Martha Johnson, Lulu Rathbun; secretary, Helen R. Hasler; corresponding secretary, Myrtle A. Baird, treasurer, Bessie Hooth, and two directors.

Ohio: Akron.—DISTRICT 1 announces the opening of Nursing Headquarters at 42 Hawthorne Avenue, where a registry will be maintained with Rose K. Steinmetz as registrar. **Cincinnati.**—DISTRICT 8 held a meeting on September 27 at Bethesda Hospital. Reports of the National Health Congress held at Atlantic City were given by Mrs. Ada Stokes. Child Hygiene; Marguerite Fagen on the American Nurses' Association; Clara Wahn on

the Congress; Nellie Falgner on Mental Hygiene. Catherine Buckley who has been, for four years, Principal of the School of Nurses of the Jewish Hospital, has accepted the position of Director of the School of Nursing, University of Cincinnati. This position gives her a seat on the faculty of the University with the title of Professor of Nursing. Mable McCullough who has been Miss Buckley's assistant becomes Principal of the School of the Jewish Hospital, which is her Alma Mater. Columbus.—Faye Crabbe, after three years as instructor at Grant Hospital, has resigned to study at Columbia University, New York. She is succeeded by Ruth Klotz. Dayton.—Lillian Hanford has resigned as Director of Nurses at the Miami Valley Hospital. She is succeeded by Margaret Carrington.

Pennsylvania: Allentown.—The regular meeting of DISTRICT 2 was held at the Sacred Heart Hospital. The resignation of the President, Bessie Ely, was accepted with regret. The Private Duty Section held a spirited meeting. Addresses were given by Rev. Leo Fink and Doctor Hausman. Caroline M. Diehl gave a report of the National Health Congress which about forty members of the District attended. Huntingdon.—The annual meeting of the J. C. BLAIR MEMORIAL HOSPITAL ALUMNAE ASSOCIATION was held October 8. The following officers were elected: President, Ethel Harshbarger; vice president, Greta Weston; secretary, Mrs. Mary Krepps Shelly; treasurer, Mrs. Mary Rimmey Hohman; Press and Membership Committee, Mildred Neff; Flower and Nominating Committee, Rachel Garner and Jennie Rorabaugh; Entertainment Committee, Mrs. Gladys Zerbe Miller and Mrs. Pauline Reed Edwards. The meeting was well attended. Philadelphia.—The Alumnae of ST. MARY'S HOSPITAL are planning a Silver Jubilee and reunion of all the nurses that have graduated from 1901 until 1926. There will be a banquet and dance held in the Bellevue Stratford Hotel on Thursday evening December 2. A Committee in charge has been trying to locate all graduates, also the interns and doctors who have been connected with St. Mary's. A pleasing program is being prepared and they hope to see all old friends on that evening. Information may be obtained from the Chairman in charge, Sara Ford, or through the President of the Alumnae, Marie A. Lynch.

Rhode Island: Providence.—THE NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION held its June meeting as an outing as guests of the Providence Industrial Nurses' Association.

A visit was made to the Gorham Manufacturing Company and then a luncheon was enjoyed at the Plantation Club with addresses by Mary Gardner, Dr. John M. Peters, Zachariah Chaffee, and J. Nelson Street, representing the Chamber of Commerce. After a sight-seeing drive, the day ended delightfully at Rocky Park.

Tennessee: Chattanooga.—THE BARONESS ERLANGER ALUMNAE ASSOCIATION held its annual meeting in the Nurses' Home on September 8. The main business was the increase of dues from six to twelve dollars. This is to cover all association dues and one dollar per capita for National Relief, the remaining five dollars and fifty cents to be kept in the Alumnae Association for relief work. The newly elected president was Pearl Hoge and secretary, Ruby Franklin. The alumnae are helping the student body hold rummage sales to pay the expenses of three students to the State Convention. THE CHATTANOOGA DISTRICT NURSES' ASSOCIATION held its annual meeting on September 21. Annual reports were read. Five delegates were elected to attend the State Nurses' Association. The Association voted \$25 for relief of the Florida sufferers. The newly elected president was Dora Ebbs; secretary, reflected, Mary Newman; and treasurer, Mrs. C. E. Ferree.



Deaths

Mrs. Alberta Struble Alex (class of 1900, Mountainside Hospital, Montclair, N. J.) on June 15.

Mildred Baldwin (class of 1925, Connecticut Training School, New Haven, Conn.) on September 30, in the Methodist Episcopal Hospital, Brooklyn, N. Y., where she held a position, after an operation for appendicitis. Miss Baldwin was a charming young girl; her death is a shock to her friends and classmates.

Mrs. Robert Jakich (Anna Berger, class of 1912, Lutheran Hospital, Fort Wayne, Indiana) at her home in Keokuk, Iowa, October 3.

Anna E. Fahey (class of 1906, St. Elizabeth's Hospital, Brighton, Mass.) in August. Miss Fahey was a zealous worker both in the nursing world and for her alumnae.

Mrs. Anna A. Gray (class of 1909, Mount Carmel Hospital, Columbus, Ohio) on August 17. Mrs. Gray served overseas for two years;

she was with the U. S. Veterans' Bureau for two years; and had then done private nursing in Los Angeles. She is missed by all who knew her.

Lucy Griffith of Woodsfield, Ohio (a graduate of the Woman's Hospital, Philadelphia) on August 11. A host of friends mourn her loss. She was always a faithful member of the Alumnae Association.

Sarah C. Hamrick (class of 1901, Connecticut Training School, New Haven, Connecticut) passed into life eternal in August, at Chicago after a long illness. The major part of Miss Hamrick's nursing was in public health work, being several years with the Visiting Nurse Association of New Haven, Conn., after which she became a county health nurse in Michigan. Having a strong character, with a delightful personality, she was greatly beloved and will be sincerely missed.

Grace Eleanor Hood (class of 1919, Allegheny General Hospital, Pittsburgh, Pa.) at Allegheny General Hospital, October 7, following an emergency operation. Miss Hood's death came as a great shock to her relatives and friends, and her loss will be keenly felt by all members of the Alumnae Association, which she has been serving faithfully as Chairman of the Eligibility Committee.

Mrs. Kate C. Hough (graduate of New-

ark City Hospital) died in August at Bridgeport Hospital, Bridgeport, Conn., following an operation. Mrs. Hough served with the American Red Cross in France during the war and with the Service de Santi and received a decoration from the French Government for her work in a French clinic. She was the first Supervising Nurse in the Veterans' Bureau and organized that nursing service.

Susane F. Robbins (graduate of the Boston City Hospital, Boston) in Lowell, Mass., October 5. Miss Robbins was a pioneer in many fields. Starting as a private nurse, she helped organize the tuberculosis camp at Mattapan, Mass. Later she became Superintendent of Nurses at the State Sanatorium, Glen Gardner, N. J. From 1911 to 1916, she served as Head Nurse of the Medical Rest Room of the Metropolitan Life Insurance Company, New York. Her last efforts were in connection with the welfare work of the Loray Mills, Gastonia, N. C., and with the Health Centre, Savannah, Ga. Miss Robbins was a woman of culture; an efficient organizer. She was loved and respected by a host of friends and she will be greatly missed.

Mrs. W. T. Kendall (Frances M. Shillington, class of 1907, N. Y. Post Graduate Hospital) of Ottawa, Canada. Mrs. Kendall was found dead in bed during the intense heat spell. She was a true type of womanhood.



They Are Not Dead

“WHEN the body is no longer able to discharge its functions in the natural world, corresponding to the thoughts and affections of its spirit, which it has from the spiritual world, then man is said to die; and this occurs when the breathing of the lungs and the beating of the heart cease. Yet the man does not then die, but is only separated from the body which was of use to him in the world; for the man himself lives . . . because man is not man by virtue of his body, but by virtue of his spirit; for it is the spirit which thinks in man, and thought united with affection constitutes the man. Hence it is evident that when man dies he only passes from one world to another.

“On this account, death in the internal sense of the word means resurrection and continuation of life.”

E. SWEDENBORG, *Heaven and Hell*.

About Books

NURSERY GUIDE FOR MOTHERS AND CHILDREN'S NURSES. By Louis W. Sauer, M.D. Illustrated. 206 pages. Second revised edition. The C. V. Mosby Company, St. Louis. Price, \$2.

THIS book is what the title implies—a useful guide for mothers and nursemaids. It is complete, yet free from unessential details.

The chapter on The Nursing Infant brings out an important factor so often overlooked—that of emptying the breasts regularly and completely as a method of developing or reestablishing the milk supply.

Some may take exception to cleaning the ears and nostrils with cotton applicators as a daily routine procedure. Unless there is discharge to be wiped away they should not be cleansed, because of the possible source of danger and of its discomfort to the infant.

HAZEL I. HENRY, R.N.

Boston, Massachusetts

HISTORY OF NURSING IN MISSOURI.

Compiled by Louise Irby Trenholme, A.B., A.M. 140 pages. Published by Missouri State Nurses' Association, Columbia. Price, \$2.

MRS. TRENHOLME, one time Associate Professor of History in the North Carolina College for Women, has done the nurses of Missouri, and indeed of the country, a valuable service by putting within covers the comprehensive yet concise story of nursing in the state which established the first school of nursing west of the Mississippi. The writer wishes that rather more detail might have been included.

The history of nursing in Missouri goes much further back than that first school, however, for Mrs. Trenholme notes that the Spanish Government established a military hospital in St. Louis in 1801. It is really from the Catholic

Church that the heroic story of early nursing comes and the chapter "Beginnings of Nursing, 1823-1860," chronicles the pioneer service of the Sisters of Charity and the slightly later service of the Sisters of St. Joseph and of the Sisters of Mercy.

The records of the Western Sanitary Commission have been freely drawn upon for the story of the Civil War Period. It was in the post-war period, 1865-1883, that a hospital (St. Luke's) arose in which Protestant sisters laid sound foundations for the school of nursing which was to come later.

The "new era" in nursing in Missouri began in 1883 with the organization of the school of nursing in the St. Louis City Hospital and the early schools are grouped in the years from 1883-1904. Here, as in the chapter devoted to "Later Schools to the Present," the story of each school is briefly set down.

The Period of Organized Nursing is subdivided into: The Missouri State Association, Its Organization and Its Work, History of Registration, Private Duty Nursing and Nursing Education. Here one finds unrolled the story of the years, of desire constantly to advance and the reader senses the effort of such women as Emma L. Warr, who wrought order out of the chaos of the City Hospital of St. Louis and established the first school, and of Margaret McKinley who, among other things, was the pioneer registrar of the state. Some of Missouri's ardent workers receive scant mention—or none at all—probably because of the limitations of space.

The interesting little volume closes with a section devoted to the development of public health nursing in the state. Missouri has set an excellent standard.

We predict that the difficulty of the task will not deter other state

associations from setting out toward a similar goal, that of an accurate, concise and interesting history of nursing development within the borders of its jurisdiction.

M. M. R.

OPHTHALMIC NURSING. By Maurice H. Whiting, F.R.C.S. Illustrated. 173 pages. J. & A. Churchill, London, England. Price, 5 shillings, net. (About \$1.25.)

"GOOD Ophthalmic nurses are rare," says the foreword to this compact and well organized but elementary little book. The author confines himself solely and very conservatively to the subject. Devoting a few pages to the anatomy and physiology of the eye and omitting all reference to general nursing procedures, he goes directly to the point and gives brief descriptions of the diseases of the eye with the generally accepted treatments of each.

Under "operations" the technic is briefly stated and lists of the usual instruments used are given with illustrations of many of them. Under "nursing," operations are logically divided into the two important classes, those which involve opening of the globe and extra-ocular operations, while non-operative cases are given due consideration. It is a convenient little volume, but it adds nothing new to our knowledge of ophthalmic nursing.

HAY FEVER AND ASTHMA. A Practical Handbook for Hay-fever and Asthma Patients. Illustrated. 198 pages. By Ray M. Balyeat, M.D. F. A. Davis Company, Philadelphia. Price, \$2.

A READABLE, well illustrated little book which describes in a non-technical way the management of hay fever and asthma. It discusses the newer treatments and such subjects as: Animals, Fowls and Dusts with Reference to Hay Fever and Asthma; the Methods of Testing Patients, and the

Preparation of Materials for Treatment. The illustrations of some of the common plants which cause hay fever are valuable as are the case-records illustrative of the various types of hay fever and asthma. The final chapter is devoted to case records illustrating causes and treatment of certain forms of eczema and urticaria (hives) since the protein which is responsible for hay fever and asthma may also be responsible for hives and eczema.

A POPULAR ENCYCLOPEDIA OF HEALTH. By Lee K. Frankel, Ph.D., and Donald B. Armstrong, M.D. With the collaboration of Genevieve Fox. Illustrated. 366 pages. Albert and Charles Boni, Inc., New York. Price, \$3.50.

FEW people are more concerned with the reduction of sickness and mortality than are life insurance companies. It may be stated, therefore, that this book bears the mark of truth on the present accepted theories of prevention of illness. Says the foreword, "Unlike the 'doctor book' of yesterday, this book tells the reader not only what to do when he is sick, and when the doctor is needed, but also how to live so as to avoid preventable illness."

Nine pages are devoted to Home Nursing.

It is distinctly a reference book and should fill a place of genuine usefulness.

THE DENTAL ASSISTANT. By Emma J. McCaw, R.N. Illustrated. 119 pages. The C. V. Mosby Company, St. Louis. Price, \$1.50.

TO anyone contemplating such a career, "The Dental Assistant," by Emma J. McCaw, is recommended. It is a book worthy of sincere consideration. Too little emphasis in the past has been put upon the education and qualifications of the dental assistant. The assistant has been a person of minor

importance, oftentimes a person of inferior ability.

Though starting off in conversational tone, the chapters are for the most part in definition form of facts of special import to the student, and calculated to save the name "assistant" from being a misnomer. This is especially true of Chapter X, in which the problems of the dental laboratory, where guesswork is the dentists's greatest handicap, are presented in careful, well-thought-out detail.

The chief aim of the book is to elevate the dental assistant from the mediocrity of a young woman waiting to be asked for this, that and the other thing (with the waiting switched to the doctor, as this, that and the other thing are being located by her) to that of a young woman so fortified by knowledge, as to foresee the services required, and to respond with an understanding that precludes the delays caused by false starts.

Stress is laid upon personal appearance and general attitude toward patients. Conditions and attitudes have changed perceptibly within the past few years. The dentist has found he cannot command a first class clientele unless he has attractive and sanitary surroundings, and attraction and sanitation should come from someone in the office other than the dentist. Miss McCaw is giving us in convincing language the present-day requirements and necessities of a dentist. In Chapter XI, she gives in a few well chosen words the pith of her aim:

No assistant can succeed unless she learns to give active attention to the duties at hand for her success depends upon her ability to do things quickly, accurately and conscientiously. If she finds that her interest is merely passive, it would be better for her to choose some other work.

Dr. C. N. Johnson, a man of high repute, introduces the book and says:

Her concept of the scope and function of the dental assistant is broader than that generally held, and her book will, in consequence, widen the horizon of those who read it.

Rochester, N. Y., LAURA A. SMITH

Books Received

A VADE MECUM FOR NURSES. By Rev. E. F. Gareche, S.J. 186 pages. New and revised edition. The Bruce Publishing Company, Milwaukee, Wisconsin. Price, \$1.

AN ATLAS OF HUMAN ANATOMY FOR STUDENTS AND PHYSICIANS. By Carl Toldt, M.D., assisted by Professor Alois Dalla Rosa, M.D. Adapted to English and American and International Terminology by M. Eden Paul, M.D. Revised edition. 2 vols., 985 pages. The Macmillan Company, New York. Price, \$10.

LESSON OUTLINES FOR MATERNITY CLASSES. By the Nurses and Nutritionists of the East Harlem Nursing and Health Demonstration, 354 East 116th St., New York. Price, 35c.

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